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ABSTRACT

This study compared 346 unmarried primiparous women who kept their children and 326 married primiparous women, with respect to birth control knowledge and use, socioeconomic circumstances over 18 months, health and development of the children, and quality of child care. The preparation and planning that led to the decision to keep the out-of-wedlock children were also examined. The sample of unmarried mothers was drawn from all single mothers who gave birth in Nova Scotia from July to November 1978, while the sample of married mothers was drawn from different counties in Nova Scotia from July 1978 to February 1979. In general, the unmarried mothers and fathers were younger, had less education, and lived in poorer socioeconomic circumstances. Both groups were interviewed extensively three times, at about 1 month, 9 months and 18 months postpartum. Other data included hospital records and height, weight, and head circumference measurements of the children at 18 months. In addition to extensive data analysis, the report includes interviewers' assessments of the severity of unmarried mothers' problems and recommendations for support services, and case histories of the 10 unmarried subjects who later placed their children for adoption. (CB)

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VULNERABLE MOTHERS, VULNERABLE CHILDREN

A Follow-up Study of Unmarried Mothers Who Kept Their Children

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FOREWORD

In the latter part of the 1960's and early 1970's many of our own staff and those in our child welfare agencies were expressing concern about what appeared to be a rapidly growing number of young unmarried mothers who were keeping their children. It was speculated that the future well-being of both the mothers and their children was in jeopardy because of the mothers' unpreparedness for motherhood, lack of child care knowledge and skill, and lack of financial and other supportive resources.

Many of the mothers keeping their children were thought to have a very high potential for child neglect and abuse. Staff of child welfare agencies, physicians, and others became alarmed at what they perceived to be a large number of children of unmarried mothers coming to them for care after having lived for a few years in what appeared to be an unsuitable environment. They felt the prognosis for the future well-being of these children and their mothers was at best uncertain.

In 1974, legislation relating to our long-term financial assistance program (Family Benefits) was amended to allow unmarried mothers aged sixteen and over to receive benefits when living with their parents or other persons, except common-law husbands. With the implementation of this change we saw a startling growth in the provincial caseload and this continued throughout the seventies. This increase and our knowledge of the young mothers on the caseload, coupled with the concerns which already had been expressed by the child welfare services, led us to search for a way in which to find answers to some of the questions that had been raised.

With funding from the Department of National Health and Welfare, this study was undertaken to assess the magnitude of the unmarried motherhood phenomenon in Nova Scotia, ferret out the difficulties being experienced by the mothers and their children, and determine the types of services we must develop to assist them. The study provides a detailed examination of several facets of the unmarried mothers' lives over a period of eighteen months. We would like to mention briefly that the study confirmed our opinion that the mothers and their children faced many hardships; disabused us of the idea that most unmarried mothers had very little capacity for mothering; and verified our belief that our current social services were not adequately meeting the needs of these mothers or their children.

This report provides a beginning, a starting point, from which we shall attempt to build services and programs that will ensure a better chance for our unmarried mothers and their children. It is our pleasure to present this report to you. We hope that it will increase your understanding of these mothers and their children, many of whom are among our most vulnerable citizens. Their futures depend in large measure upon our commitment to them and how successful we are in meeting their needs.

John Angus MacKenzie
Deputy Minister of Social Services

Bessie M. Harris
Director
Policy, Planning and Research Division

ACKNOWLEDGEMENTS

From the study's inception in the summer of 1978 to its completion in 1981, there have been invaluable contributions made by a great many groups and individuals. I would first like to express our appreciation to the National Welfare Grants Directorate, Health and Welfare Canada, who provided the financial support for the project and who conveyed their encouragement for the study throughout the three-year period in which it was carried out.

One of the major complexities and initial difficulties posed by the research was collecting a large and representative sample of married and unmarried mothers. We were able to accomplish this only through the cooperation and assistance given by the Nova Scotia Department of Health, and numerous hospitals in the province. I would like to express thanks to the Directors of the Health Units throughout the province, the Supervisors of Nursing in each of these Units, and the Administrators of several hospitals for allowing us to engage members of their staff in collecting the study sample. In particular, I would like to thank the Community Health Nurses from the various parts of the province and the Social Workers from the Grace Maternity Hospital in Halifax for the excellent and thorough job they did in collecting the sample.

Since the scope of the study was broad and the objectives numerous, the design necessarily became quite complex. I would like to acknowledge the assistance given by the consultants involved in the design phase of the study, Ray Carlson and Richard Apostle, who provided valuable advice and direction during that stage of the study.

Throughout the design phase of the study, there were countless times when the advice and opinion was sought of professionals in a variety of fields. This informal consultation served many purposes: identifying the goals of the study; exploring the feasibility of carrying out a research study of such magnitude; selecting specific kinds of questions to meet particular informational needs; developing a number of measurement instruments; and facilitating the collection of data from secondary sources. In more general terms, it provided the author with an understanding of the concerns for the unmarried mother felt by both medical and social service personnel in the province. Although the individuals involved in this consultative process are too numerous to mention by name, I would like to express, generally, my thanks to all for their assistance during that period.

The successful outcome of a large panel study requires the hard work and attention to detail of a great many people. I would like to convey my appreciation to Jackie Hicks who, as Fieldwork Supervisor, was employed with the study for the entire data collection period. Ms. Hicks did an excellent job of supervising the data collection, of ensuring that the interviewing in each phase of the study was completed on schedule, and that the information was sufficiently detailed to meet the requirements of the study objectives. In addition, I feel that her good rapport with the interviewers had a significant effect on the keenness and interest of the interviewing staff and consequently on the successful outcome of the study.

The questionnaires which were developed for the three phases of the study were quite long, detailed and required considerable probing and cross-questioning from the interviewers. It is essential to acknowledge the contribution of the interviewers, especially in the final phase of the study which required a great deal of interviewer input. The seriousness with which they approached their task, their attention to detail, their willingness to provide additional information whenever it was required, and the entirely professional manner in which they conducted the interviews are greatly appreciated. No doubt, our very low attrition rate in the study is the result, to a large extent, of the sincere and pleasant manner in which they approached the respondents and conducted the interviews.

We also wish to acknowledge the contribution made by a number of other individuals who were involved with the project. Special thanks go to members of the Advisory Committee who provided valuable advice and guidance throughout all stages of the project. Particular thanks are given to Dr. J.P. Anderson who facilitated the investigation of the health and development of the study children, and to Dr. A.D. Thomson who facilitated the sample collection. Thanks go to Randy Barkhouse who, as statistical and computer consultant, gave freely of his time enabling us to meet our many study deadlines. We would also like to acknowledge the assistance provided by Bessie Harris, Director of Policy, Planning and Research, and Liz McNaughton, Senior Research Officer, who spent considerable time proof-reading the manuscript for this report, offering valuable suggestions for the presentation of the study findings. Thanks also go to the Community Health Nurses throughout the province who were involved in the collection of health data pertinent to the children in the study, and to the Child Welfare Agencies in the Halifax-Dartmouth region which enabled us to carry out the investigation into the incidence of child abuse and child neglect. Special thanks go to our project secretary, Shirley MacMillan, who did an excellent job throughout the study of completing on schedule the typing of questionnaires, progress reports and drafts of the final report.

Finally, we would like to express our appreciation to the mothers who participated in the study. Their willingness to receive us in their homes and to share information about themselves and their lives was, in the end, what made the study possible.

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POLICY, PLANNING AND RESEARCH DIVISION
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PART 1

FRAMEWORK OF THE STUDY

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1 INTRODUCTION

BACKGROUND OF THE STUDY

During the early 1970's, attention was being drawn to the growing rate of out-of-wedlock childbearing among young women[1] in our population. This trend was observed in many parts of Canada, causing concern in all regions where it was occurring. The fact that Nova Scotia had a particularly large percentage of teenage women giving birth out of wedlock created a sense of special urgency here. By 1976, 60 per cent of all the out-of-wedlock births in Nova Scotia involved teenagers—the highest proportion of any province in Canada.

The growth in the out-of-wedlock childbearing rate in this sector of the female population represented only the surface of the problem. Medical research had already established an association between early childbearing and health complications for both mother and child. In addition, prior studies of unmarried mothers showed they had a tendency both to neglect their nutritional needs during pregnancy, and to delay obtaining prenatal care. The result was infants born in poorer health than would otherwise be expected. Thus, as the numbers of young single mothers increased, so did concern about the risk of health problems among these new mothers and their children.

Two other trends made this situation a cause for even greater concern: by the mid-1970's, it became apparent that fewer women were using the traditional social services which had been established in the province to meet the needs of single pregnant girls—services oriented primarily toward adoption. Instead, they were making a plan for their babies without professional consultation and, most often, that plan was to keep their children and raise them on their own. At the same time, the mothers were increasingly relying on public financial assistance as a means of support. In 1978 an estimated 80 per cent of all unmarried mothers in the Halifax area kept their children, and between 1973 and 1978 the numbers throughout the province in receipt of public financial aid had increased almost 200 per cent.[2] The situation reported in the rest of the country showed much the same pattern.

---

[1] *Although the overall teenage childbearing rate had been declining, the out-of-wedlock teenage childbearing rate was increasing.*

[2] *The dramatic rise in the number of unmarried mothers receiving public financial assistance was partially the result of a change in legislation in June, 1974. Before this date, financial assistance was available only to those mothers who maintained a separate home for themselves and their children. After June, 1974, financial aid was also available to unmarried mothers who lived with their parents or other persons, excepting a common-law husband.*

By the end of the decade, although the negative stigma associated with unmarried parenthood had by no means disappeared, social attitudes had changed sufficiently to allow young single mothers and their children a place within the community. The single parent family unit of mother and child was becoming commonplace.

But the stability of many of these single parent families was in question and concern for the welfare of both mother and child had become an important social issue. A number of questions were being asked—particularly in view of the youth of so many of the mothers. Could the unmarried mother cope with the responsibilities and demands that parenting entailed? Would she be able to provide an adequate home for the child? Would the child get proper nutritional and health care? Might not the mother relinquish custody of her child after a number of months or years when separation was likely to have an adverse effect on the child? Wouldn't poverty be inevitable? The over-riding feeling among persons who worked in a professional capacity with unmarried mothers was that many of these women, particularly the very young, were not adequately equipped to begin parenting. As a result, they felt that countless difficulties would be experienced as the mothers attempted to provide and care for their children.

The reports our Department received from the individual social agencies in the province, hospital staff and Community Health Nurses confirmed that there were, indeed, problems. Accounts were given of poor parenting skills, limited child care knowledge, substandard housing, poverty, limited education, poor job potential, inadequate support systems, and, in some cases, child neglect. In view of the seriousness of such reports, it was obvious that some remedial action was required.

The services which had been available, as we have indicated, provided help primarily to those planning to place their child for adoption. Very few specialized services, apart from those of a strictly financial nature, existed to give assistance to the single mother who decided to keep and raise her child herself. Because of the wide range of problems which were being reported, it seemed likely that new programs with new focuses would be needed.

But the nature and scope of such programs could not be determined until there was more complete information available about the circumstances of unmarried mothers. Most importantly, it was not known just how widespread the reported problems were: whether they represented only isolated or extreme cases, or were just the tip of the iceberg; whether parenting problems, for example, were characteristic of 10 per cent of the unmarried mother population, 20 per cent, 50 per cent or 70 per cent; whether substandard housing was typical of 25 per cent or 50 per cent. The answers to questions such as these obviously had very important implications for the scope and nature of services and the resources required to put them into effect.

This study was undertaken to provide answers to such questions. Its purpose was both to identify the diversity of problems experienced by unmarried mothers and to assess how far-reaching they were. A control sample of married mothers was included in order to put the unmarried mother's situation into clearer perspective; we not only wanted to determine what difficulties the unmarried mother was having, but to discover how much more characteristic they were of her situation than for mothers generally.

The ultimate goal of the project was to provide a more accurate picture of the well-being and future prospects of the unmarried mother and her child than was previously available. To accomplish this, we attempted to build a sufficiently comprehensive and reliable body of knowledge which would indicate how the mothers and their children were faring in the community. With this knowledge our Social Services Department could then make responsible and informed decisions about the services and assistance that the unmarried mothers and their children required.

RELATED RESEARCH

The growing rate of out-of-wedlock childbearing among young women had not been limited to Canada; similar trends had been reported in the United States, Great Britain and other industrialized nations. As far back as the late 1950's and early 1960's, extensive studies had been conducted in both the United States and Great Britain, investigating the situations of unmarried mothers who kept their children. Since that time, many more projects with similar objectives have been undertaken. All the studies reveal the same basic concern that prompted our own research—the belief that these very young, single women could not manage the job of parenting without significant financial and social difficulties.

The result of this research activity is a very large body of information concerning the consequences of out-of-wedlock parenthood to the life prospects of the unmarried mother and her child. Much of the information already gathered is directly relevant to the goals of this project. For this reason, we have included in this chapter a review of the most pertinent findings. The discussion of these findings is presented in a manner to facilitate comparisons of the results of our project to those of earlier studies.

Quality of Care

Nothing about the phenomenon of single women raising their children has received as much attention as the concern that they may not be adequately equipped to provide care for their children. Writing in 1947 about the quality of care that the unmarried mother is likely to give her child, Methuen provided the following description:

> *The single illegitimate child who remains in the care of his mother is very liable to suffer, broadly speaking, either from over-protection or rejection. In the first case, the mother values her offspring disproportionately because of a lack of alternative emotional satisfaction in her life and, in the second case, the mother resents the impediment to her freedom of action and yet refuses (for neurotic reasons) to give up her right to bring up her own child . . . even when the mother finds a satisfactory job where she can have her child with her, it is difficult for her to supply the attention of both a father and mother and often life is unnecessarily complicated by her inevitable reactions to the opinions (expressed or latent) of her relatives and friends . . . . It is obvious that only an intelligent and well-balanced woman is likely to be able to cope with this situation satisfactorily, so that the child can develop normally—and while such a woman may, she is not likely to become the mother of an illegitimate child. (Methuen, 1947)*

While this picture of the unmarried mother seems harsh and the fate of her child unusually bleak, the opinion Methuen expressed is, nonetheless, still fairly widespread today in both the social welfare field and the general population. The picture is, no doubt, reinforced by reports of child abuse which appear in the media from time to time, and by the lack of much concrete evidence to contradict the extremely negative image the unmarried mother has acquired. But accurately assessing the quality and level of child care is difficult and probably accounts for the paucity of research on this particular subject.

One project carried out by Osofsky and Osofsky (1970) did attempt an empirical measurement of mother-infant interaction. This formed part of an evaluation of a special health, medical and social assistance program established for pregnant adolescent girls in New York State. Sixty girls were observed and videotaped separately while alone with their children. Each mother's behavior was rated on a five-point scale for the amount of verbal interaction, physical interaction and warmth expressed towards her child. The authors found that the young unmarried women did express a relatively high amount of warmth and physical interaction with their infants, although there was relatively little verbal interaction. The weakness of the test, however, lay in the fact that the researchers used no measure of comparison. Because of this, the usefulness of the data is limited.

At approximately the same time as the Osofsky evaluation, Sauber and Corrigan (1970) conducted a much more extensive study of 273 unmarried mothers from New York City. They, too, attempted to provide information about the quality of interaction between the unmarried mother and her child but included control samples of two different groups of married mothers for comparative purposes. Their findings, contrary to what might be expected, showed that fewer unmarried mothers rated high on the degree of severity of punishment, used physical punishment, or encouraged aggressive behavior in their children. Seventy-one per cent of the unmarried mothers were judged to have a good relationship with their child, while in only two per cent of the cases was the relationship judged to be poor. These findings led the authors to report that, *"The most important conclusion that comes from this research effort is that mothers who keep their children rear them more adequately than we previously thought was possible, within the limits of low income and the problems of urban living" (Corrigan, 1970, p. 66).*

Similar conclusions were drawn by Furstenburg (1976), based on a study he conducted with 323 adolescent mothers from Baltimore, Oregon, most of whom had been unmarried at the time of their child's birth. Although he offers no concrete data, Furstenburg did report that, in spite of their initial unfavorable reaction to their pregnancy, the majority of the young mothers he studied made a favorable adjustment to parenting.

Although this evidence contradicts the accepted notion of her parenting ability, the image of the unmarried mother as an inadequate parent persists. As we have already indicated, media attention given to reports of child abuse and neglect is partially responsible for this image.

But, as well, research which shows that unmarried mothers who keep their children do share characteristics with parents who neglect or abuse their children has lent credence to the belief. When it was realized, in the latter part of the 1960's and early 1970's, that large numbers of unmarried mothers were keeping their children, numerous research studies were begun to identify those characteristics which differentiated the unmarried mother who kept her infant from the mother who surrendered hers. The research findings were fairly consistent and the resulting portrait of the unmarried mother included the following traits: an unhappy home life; insufficient love and affection received as a child; unusually harsh punishment received during childhood; broken homes; a tendency to see the baby as a way out of an unhappy home environment; general psychological instability, and a marked degree of psychological disturbance (Bramall, 1963; Bernstein, 1966; Connolly, 1975; Festinger, 1971; Friedman, 1975; Grow, 1969; Kravitz and Trossman, 1966; Pochin, 1969; Reed, 1965; Vincent, 1961; Yelloly, 1965). Although a few studies did paint a more positive picture, the vast majority would concur with Vincent's conclusion that, *"many of the unwed mothers who are the most insistent on keeping their children appear to be the least suited by personality and by family life experience to become adequate mothers" (Vincent, 1961, p. 191).*

At the same time as the concern about unmarried mothers was growing, attention was focusing on what many child welfare experts agreed was an increasing incidence of child abuse and child neglect. An outgrowth of the concern about child abuse and child neglect was research aimed at identifying the characteristics which predispose individuals to this kind of destructive behavior towards their children. The result was a very clear and consistent set of traits. The most important of these traits included: unreasonably high expectations of infant behavior; a pregnancy which was unwanted either because it was pre-marital or inconvenient; parents who had themselves been abused as children; marked unhappiness and a lack of love in family backgrounds; poor impulse control, and a noted lack of "mothering" during childhood (Bender, 1976; Bennie and Sclare, 1969; Blumberg, 1974; Gelles, 1973; Green et al, 1974; Kempe et al, 1962; Melnich and Hurley, 1961; Spinetta and Rigler, 1972).

Clearly, the two pictures are remarkably similar. Yet, in the final analysis, the evidence from the research on the unmarried mothers cannot be taken as conclusive. Most of the samples in these studies consisted of women from child welfare agencies or maternity homes, and were by no means representative of the unmarried mother population. As a result, it is impossible to conclude whether this picture of the unmarried mother is accurate for all unmarried mothers or even a majority of them. Consequently, we cannot judge whether the potential for child abuse and neglect is significantly greater among unmarried mothers than among mothers or fathers generally.

Socio-Economic Outcomes

Because of the youth of unmarried mothers and their lack of education and job training, one of the recurring aims of previous research has been to discover how these single parents fare in socio-economic terms; in particular, whether such things as welfare dependency, poverty and substandard living accommodations are inevitable.

Welfare Dependency: The likelihood of welfare dependency for at least some period of time among unmarried mothers who keep their children and attempt to raise them on their own does appear considerable, judging from published findings of past research. In a study conducted by Pozsonyi (1973) in Southern Ontario, for example, approximately 43 per cent of the 52 unmarried mothers sampled were receiving government aid six months following delivery. A similar study done in Cincinnati, Ohio, with a predominantly white sample of 118 unmarried mothers found 40 per cent receiving welfare (Reed, 1965). More recent research carried out in the same city with 30 unmarried mothers reported 60 per cent dependency on welfare (Clapp and Raab, 1978). The research findings of a much more extensive study of a representative sample of 273 unmarried mothers from New York City were quite different, however (Sauber and Rubinstein, 1965). Although the authors of this study reported that 41 per cent of the mothers received public aid at some time in the first eighteen months following birth, they also noted that no more than 24 per cent received aid at any one point in time. As well, for only one out of every 100 women was it the sole source of support for the entire eighteen-month period.

The question of whether or not welfare dependency increases or decreases over time has received discrepant answers. Pozsonyi (1973) found that, over an eighteen-month period, the percentage of mothers in her study receiving government aid decreased from 43 per cent at six months to 31 per cent at eighteen months. In contrast, a six-year follow-up study conducted with the women in the Sauber and Rubinstein study revealed that the numbers on welfare actually increased from one in ten during pregnancy, to two in ten at eighteen months, to five in ten at six years (Sauber and Corrigan, 1970). An earlier study conducted in New York City with 100 predominantly Black or Puerto Rican mothers found that over an eighteen-month period the proportion receiving public financial aid remained constant (Crumidy and Jacobziner, 1966).

Amount of Income: The risk of poverty among single mothers who keep their children does appear substantial, although the exact percentage that live below the poverty level varies from study to study. Six months after delivery, approximately two-thirds of the women in the Southern Ontario study supported themselves and their children on incomes of less than $250 a month (Pozsonyi, 1973). Although this improved slightly over the next twelve-month period, a majority of the mothers were still living at very low income levels by the time the child was eighteen months old. Sauber and Corrigan (1970) reported that six years after the birth of the children 42 per cent of the mothers in their study were at or near the poverty level, and a further 29 per cent were in low-income categories. Similarly, in a study conducted in Los Angeles, California, Wright (1965) reported that approximately half of the 80 unmarried mothers interviewed experienced financial hardships. The longer-term effects on income level have been found to be quite different, however. A study which compared the circumstances of mothers who had given birth to their first child out of wedlock to mothers who had been married at the time of the first birth found that, 20 years after the birth, unmarried mothers were as likely as other women to live above the poverty line (Cutright, 1973).

Employment Patterns: Finding employment that will adequately support both themselves and their children clearly seems to be a problem for unmarried mothers. Sauber and Rubinstein (1965) reported that, of 273 women in their study, approximately three-fifths worked at some time during the first eighteen months following delivery, although none relied on her own earnings for the entire eighteen-month period. Almost all said they wanted to work but many could not because of insufficient education, experience or training, or because they were unable to make satisfactory child-care arrangements. Reed (1965) found that less than 30 per cent of the 100 unmarried mothers in his study were employed. Those who did work were mainly in unskilled jobs. Only 7 per cent employment is reported in the New York study carried out by Cremidy and Jacobziner (1966). They, too, cited lack of education and training as deterrents to employment among the unmarried mothers in their study.

No consistent employment patterns are revealed in the literature. Pozsonyi (1973) reported that six months after delivery approximately 35 per cent of the women in her sample were working and that by eighteen months the numbers had increased to 40 per cent. Sauber and Corrigan (1970) found quite a different pattern. Three out of every five women in their sample worked at some time in the first eighteen months following delivery but by the time the child was six years old, only 33 per cent were employed. As well, most who were working at the six-year period held low-paying jobs. Although many of these studies reported that unmarried mothers experienced problems in finding adequate employment, none provide any data on the extent to which these problems differ from those of young mothers in general.

Educational Careers: Resuming their educational careers and successfully completing their schooling seems unlikely for a very large percentage of unmarried mothers. Sauber and Rubinstein (1965) reported that just over half of the women in their study who had been attending school when they became pregnant returned to continue their education after the baby was born and that, of those who did return, one out of every three mothers "dropped out" before graduation. Out of a total of 323 adolescent mothers in the Baltimore study who had been attending school when they became pregnant, approximately half were able to return and complete their high school education (Furstenburg, 1976). Of those who did not, three factors were found to significantly affect noncompletion: many were marginal students to begin with; many experienced conflicting demands of school and parenthood which ultimately resulted in withdrawal from school; and some found it too difficult to return after their long absence.

Standard of Living: The quality of living accommodations that the unmarried mother can afford often has been found to be inadequate. For instance, Reed (1965) in his 1963 study of 118 mothers in Cincinnati, Ohio, reported that half of the women were living in accommodations that lacked adequate facilities. Some of the mothers had no private bathroom facilities; a great many had no central heating; and a number had no hot water in their living quarters. Sauber and Rubinstein (1965) found that 40 per cent of the 273 women in their study lived in accommodations which lacked adequate facilities at least for some time in the eighteen months following delivery. These circumstances improved considerably, however, by the time the child was six years old (Sauber and Corrigan, 1970).

Stability of the Family Unit

Writing in 1955, Christine Cooper stated that:

> *The child (of the unwed mother) is cared for in constantly changing circumstances, being moved about among relatives and friends, taken to different lodgings by the mother, or put in and out of day or residential nurseries . . . . He often has periods in the care of the local authority's Children's Department, and finally may be removed from his mother's care to an institution or foster home.* (Cooper, 1955, p. 210)

Although this may have been an accurate assessment 26 years ago, recent research findings indicate that there is, in fact, considerable stability in the child-care arrangements made by unmarried mothers. Sauber and Rubinstein (1965) reported that 62 per cent of the 273 mothers in their study cared for their babies on a full-time basis over the first eighteen months following delivery and only 3 per cent of the mothers put their children in the care of social agencies. Six years later, 86 per cent of the children were still with their mothers (Sauber and Corrigan, 1970). In the Southern Ontario study, approximately 92 per cent of the mothers had the primary child-caring responsibility six months after delivery and by eighteen months this had increased to 95 per cent (Pozsonyi, 1973).

Although the mothers seem to be retaining the primary child-caring responsibility, there continues to be considerable residential mobility. In a British study published in 1971, the authors report that *"in terms of mobility, illegitimate children . . . had a much more unsettled life than those who were born legitimate"* (Crellin, Pringle, West, 1971, p. 63). Half of the 504 children, born illegitimate, in this study had experienced two or more changes of residence, and one in five had four or more moves in the first seven years, compared to one in fourteen among the total sample of both legitimate and illegitimate children.

Sauber and Rubinstein (1965) found high mobility levels as well. Sixty-nine per cent of the women in their study moved at least once in the first eighteen months of their child's life, and most who did so moved more than once; 27 per cent changed accommodations once; 21 per cent moved twice; 10 per cent moved three times; and 9 per cent changed accommodations four or more times. Overcrowded quarters were the most frequently cited reason for moving. When Sauber and Corrigan (1970) conducted a six-year follow-up study with these women, they found a very high degree of mobility; only 9 per cent of the mothers had been at their present address for five years, whereas over a third had been there less than a year.

Medical Outcome and Child Development

The literature offers considerable support for the notion that both unmarried mothers and their children are at high medical risk. There are, however, conflicting views as to whether this is the result of something inherent in the unmarried status or is entirely the result of compounding factors known to influence medical prognosis such as: age, race, parity and socio-economic class.

In the British study begun in 1959 (Crellin, Pringle, West, 1971), twice as many babies born illegitimate were of low birth weight compared to legitimate children. Analysis of variance confirmed that although the factors of age, social class, and parity did influence this outcome, unmarried status had an effect apart from these other factors. Similarly, the mortality rate among illegitimately-born babies was found to be higher than among the entire birth cohort of legitimate and illegitimate babies. This difference remained even after allowances were made for age, social class, height, birth order, birth weight, and whether the mother smoked or not.

Similar results are reported in a study carried out by Pakter (1961) in the United States. In this study, analysis was made of the live birth and infant death records in New York City for the years 1955-59. From this data, almost all complications of pregnancy were found to occur more often among unmarried mothers than married mothers; the maternal death rate was higher, and both prematurity and perinatal mortality rates were higher among infants born to unmarried mothers than among those born in wedlock. The authors noted that the factors of race and socio-economic status were responsible for these differences to a degree but the effects of other factors such as parity and age were not accounted for.

One important factor thought to influence medical outcome is the extent and quality of prenatal care received by the mothers. A study carried out in Finland by Paavola (1968) included this variable in an analysis of the birth weights, prematurity and health complications of 2,064 unmarried and 2,064 married mothers. Controls were also made for the age, parity and social status of the subjects in the study. The findings revealed a higher percentage of prematurity among unmarried mothers compared to married mothers even when the prenatal care was good. The effect of prenatal care on perinatal mortality was striking, however. When the unmarried mother had good care the rate of perinatal mortality dropped well below the married mother rate.

Few studies have successfully attempted to measure the effect of out-of-wedlock birth status on the physical and intellectual development of the child because of the complications in obtaining a representative sample and keeping it intact over long periods of time. One exception is the British study cited earlier (Crellin, Pringle, West, 1971), which followed up all but a minority of the British children born both in wedlock and out of wedlock during a one-week period in 1958. By the time these children were seven years of age, the authors found that the illegitimate group did less well in all aspects of ability and attainment than either legitimate or adopted children. A higher proportion was below average in general knowledge, oral ability, creativity, and perceptual development. On average, the children born out of wedlock were about a year behind in reading ability. A higher incidence of behavioral problems and difficulties in adjusting to school was also reported. Although the proportion of children who died during the first seven years of life was greater among the illegitimate group, the authors found no difference in the prevalence of physical defects between the two groups, however, and their physical growth and development was quite similar.

STUDY OBJECTIVES

The research findings just discussed indicate that significant problems have been found to be associated with unmarried parenthood. But the generality of these findings to unmarried mothers in Nova Scotia is limited by two factors. Firstly, there has not always been consensus in the studies cited as to what the outcomes are for the unmarried mother who keeps her child. For example, some studies have shown the quality of care given to the child to be quite adequate whereas others found a definite potential for parenting problems. Secondly, when there has been consensus about a particular outcome, there has often been considerable variation from study to study on how extensive or characteristic of the unmarried mother population it is. One study, for instance, reports welfare dependency among 40 per cent of unmarried mothers; another found it to be characteristic of 60 per cent.

These discrepant results are explained to a large extent by the specific sampling procedures used in each study and by the locations where the research was conducted. Many of the studies were undertaken with small samples of mothers drawn from narrow sources such as social agencies or welfare departments. Others have been conducted in large urban areas with a very large proportion of the sample being made up of Black women. It is hardly surprising, given the generally acknowledged prevalence of social problems in the core areas of some of North America's largest cities, that the results from a study done primarily with women in central New York differ from those done in Southern Ontario with social services recipients.

Despite the limitations posed by the lack of generality of the studies, the findings are still important inasmuch as they provide a basis of comparison to subsequent studies such as this one. But the lack of consensus in prior studies and the variation in the extent to which certain problems are present, have led us in this study to re-examine many of the basic questions concerning the welfare of unmarried mothers and their children.

Five major areas were selected for investigation. These included:

1 The mothers' birth control knowledge and use;
2 An investigation into the planning and preparation that led to the decision to keep the out-of-wedlock children;
3 A consideration of the changing circumstances of the unmarried mothers over time;
4 An assessment of the health and development of the children; and
5 An examination of the quality of child care.

Birth Control Knowledge and Use

The availability of reliable forms of birth control has resulted in a dramatic decline in the birth rate among all women of childbearing age excepting those in the young single population. Yet it is among these women that pregnancy poses the greatest risk and where it is assumed to be unwanted. As well, the occurrence of subsequent out-of-wedlock pregnancies is thought to be fairly common among these women. The first objective of the study was to establish why, given the risks involved, these women did not protect themselves against pregnancy or, if birth control was used, why they failed to use it effectively. In specific terms, the study attempted the following:

1 To determine the extent of knowledge and use of birth control among unmarried mothers in the study;
2 To discover the reasons why these young women did not use birth control prior to becoming pregnant; and,
3 To determine the incidence of subsequent out-of-wedlock pregnancies.

Preparation and Planning for the Child

The second area of inquiry examined how the unmarried mother made the decision to keep her child. Was it a plan made with the guidance and support of family and professionals, and with sufficient thought given to financial, material and emotional commitments which would be required? Or was it a hasty last-minute decision made without consideration being given to the consequences? The questions are important ones since the future stability of the family and the chances of it remaining intact would be greatly affected by whichever approach had been followed. The second objective of our study was to provide a description of the decision-making process involved in keeping the out-of-wedlock child. In specific terms:

1 To determine the extent of consultation, guidance and support received by the study mothers from their families, friends, professionals, and the fathers of their children;
2 To discover what alternatives to keeping and raising their child as a single parent they considered;
3 To determine how much consideration they gave to the consequences of keeping; and,
4 To determine when the decision was made and whether it was made alone or together with others.

The Consequences of Keeping the Child

The unmarried mother without an established home, without a husband, or an independent income, would almost inevitably face some difficulties trying to provide an adequate and stable home for her child. Determining how much difficulty she actually encountered and how much instability existed was the focus of this third area of inquiry. Eight aspects of the woman's life were considered, including: [1] her living arrangements; [2] child-care arrangements; [3] employment patterns; [4] educational pursuits; [5] financial circumstances; [6] social participation; [7] marital status; and, [8] relationship with the child's father.

In considering each of these areas, answers to numerous questions were sought. How does the unmarried mother support herself and her child, and do the sources of her income change over time? Does she maintain the primary child-caring responsibilities or is it eventually shifted to other family members? Does she live alone, with her family, or with the baby's father, and do these living arrangements change? If she was in school when she became pregnant, is she able to resume her education after the child's birth? What kinds of problems does she have coping with the dual role of student and mother? Is she able to find employment and keep it?

Health and Development of the Child

The preceding area of investigation considers the effect of the decision to keep the infant on the welfare of the mother. This section considers its effect on the welfare of the child; in particular, the extent to which the child of the unmarried mother started out life in poorer health than children in general, and whether this child experienced more health problems as it developed. The specific objectives of this area of inquiry were:

1 To provide a comparison of the health problems at birth of babies born to married and unmarried mothers;
2 To determine the number of illnesses, emergency treatments, and hospitalizations experienced by the babies of both groups of mothers; and,
3 To compare the physical development of the babies over time.

Quality of Child Care

This last area of study provides further information about the welfare of the unmarried mother's child. It has long been suspected that a great many of the young single mothers see their child as a means of satisfying their own emotional needs, and that these rather unrealistic expectations of their infant's behavior might ultimately lead to situations of extreme disappointment, frustration and even rejection of the child. Thus a great many unmarried mothers are thought to have potential for parenting problems from the outset. In addition, it is feared that the combined effects of a predisposition toward parenting problems, inadequate child-care knowledge, poverty and isolation might lead to a situation of inadequate care and, in some cases, child abuse and neglect. To obtain a picture of the kind of care the unmarried mother was giving her child, or was likely to give, the following objectives were incorporated into the study:

1. To determine the potential for and incidence of parenting problems among married and unmarried mothers;
2. To determine the number of accidents and injuries sustained by the child over time; and,
3. To determine the methods of disciplining employed by both groups of women.

ORGANIZATION OF THE REPORT

This report is essentially a descriptive account of the characteristics and circumstances of the unmarried mother and her child. In some instances, preliminary attempts at explanation are made by accounting for the effects of certain key variables like age and education on the distribution of specific traits or attributes.

The report is divided into five major sections. The first considers the background to the study and the study design. The second part provides a description of the two samples and discusses use and knowledge of contraception and the planning and preparation that led to the decision by the unmarried mother to keep the child. The third part focuses on what happened to the unmarried mother during the first eighteen months following the child's birth. The fourth part is concerned with the child and examines the health and development, and the quality of care he/she received. The final part presents a discussion of the interviewer's assessment of the mother's situation and a summary of her service and support needs.

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2 DESIGN OF THE STUDY

OVERALL STUDY DESIGN AND DEFINITION OF THE SAMPLE

The study plan involved the collection of two separate samples of women. One sample consisted of never-married mothers who had given birth to their first child and who had made a decision to keep and raise their child themselves. The second was comprised of a comparison group of married primiparous mothers. The intention was then to follow these two family types—the married and the unmarried—over a period of approximately eighteen months with contact to be made on three separate occasions: immediately following the birth of the child, at nine months, and then again at eighteen months.

The criterion of "never married" meant there would be mothers included in the unmarried sample who were living common law. Although some of these women might have more in common with mothers in the married sample, they were retained in the unmarried sample for two reasons. Hospital personnel report that young women sometimes say they are living common law in order to counter the pressure they feel giving birth out of wedlock when, in fact, there is no common-law husband at all. Therefore, we would have run the risk of missing a certain segment of our sample if those who said they were living common law were routinely excluded from the sample. As well, it was thought that many of the common-law unions might not be stable or of long duration and that, if they broke up, the women would face the same difficulties of single parenting as those who had never lived common law.

GENERALITY OF THE STUDY

Since the study proposed to make generalizations about all unmarried mothers who keep their children, a representative sample was required. To obtain such a sample, a population of new mothers was enumerated, beginning on a specified date and continuing until a target sample size was reached. This procedure was carried out in all hospitals in the province which had maternity facilities, thus providing representation from each of the different regions.

COLLECTING THE SAMPLE

Co-operation of Other Agencies

To enumerate a population of new mothers and to ensure that none were missed from the sample collection, contact had to be made with the mothers while they were still in hospital. Since the hospitals in the province were unable to supply lists of names of new mothers, or to allow us to approach the mothers ourselves because of patient confidentiality, it was necessary to have someone approach them on our behalf who ordinarily met with the mothers in a professional capacity. In this manner, the purpose of the study could be explained to the mothers and their participation in the project requested. If they agreed, a consent form was to be signed. This form would also provide the mother's name and address so that she could be contacted.

Arrangements were made with the Nova Scotia Department of Health in the early part of 1978 to have the Community Health Nurses from the various parts of the province complete this very important first step of the survey for us. Community Health Nurses routinely visit each mother during her stay in hospital so no extra visiting was required. In three hospitals, where there was no Community Health Nurse assigned to make visits, alternative arrangements were made with the Hospital Administrator to have one of the hospital employees carry out the sample collection. In the Grace Maternity Hospital in Halifax, the large number of births meant that if would have been very difficult for the Community Health Nurses to keep up with the sample collection of both married and unmarried mothers. The Hospital Social Workers who meet with all the unmarried mothers, therefore, agreed to collect the unmarried portion of the sample for us.

To make sure that there were no unmarried mothers missed during the sample collection period, arrangements were made with the Vital Statistics Division of the Provincial Department of Health to have access to the lists of births submitted weekly by each of the hospitals in the province. With this information, we were able to cross check our own lists of unmarried mothers against the official hospital lists. When the name of an unmarried mother was found on the official list but not on our own, the appropriate Health Unit was notified and, if the woman was found to be eligible for the study, she was visited by the nurse and asked if she would be willing to take part in the study.

The Sample Collection Period

The collection of the unmarried mother sample began on July 1, 1978, and continued until November 22, 1978, when our target sample size of approximately 400 was reached.

During that time 729 out-of-wedlock births took place in the province; approximately 30 per cent of these were to women who had been married before, had previous births, or both, and so were not eligible to be part of the study. The remaining 70 per cent, or 514 women, had never been married and had given birth to their first child. But, of these 514, approximately 14 per cent placed their child for adoption and one per cent had not decided. Therefore, out of a total of 729 out-of-wedlock births, only 438 or 60 per cent met our requirements for the study. Of these 438 women, slightly less than one per cent left the province immediately after their child was born and only about 3 per cent were missed during the sample collection.

The total unmarried sample amounted to 417[1] women. Of this number, 353 agreed to take part in the study, 64 mothers refused. This amounted to an 85 per cent consent rate, a 15 per cent refusal rate.

The collection of the married mother sample began on July 1, 1978, but was carried out in a rotation fashion based on county quotas and was not completed until February, 1979. The rotation system was used rather than straight enumeration because the latter would have resulted in the total married sample being collected in a one-month period and this would have created considerable administrative difficulties. The following pattern was adopted: the collection of the married mothers from Halifax, Lunenburg, Queens and Shelburne counties began July 1, 1978; collection of the married mothers from Cumberland, Colchester, Pictou, Antigonish and Guysborough began September 1, 1978; collection of the married mothers from Digby, Yarmouth, Annapolis, Hants and Kings counties began November 1, 1978; and finally, collection of married mothers from Cape Breton, Victoria, Inverness and Richmond counties began December 1, 1978.[2]

The number of mothers from each county was based on a projected sample size of 400 and was determined by the average percentage of births taking place in each county over the preceding ten-year period.

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[1] *Rather than adhere strictly to the 400 limit it was decided to terminate the collection of the sample on a specific date. This allowed the computation of statistics like: the percentage of all illegitimate births in the period of the sample collection (July 1, 1978, to November 22, 1978) that were multigravida; the percentage that were to previously married mothers; the percentage which ended in adoption, and finally, the percentage to mothers, never married, who were keeping their first child.*

[2] *The collection of the Cape Breton portion of the sample was originally scheduled for January 1, 1979. But since it took a much shorter period of time to collect the unmarried mother sample than was anticipated, it was decided not to extend the married mother interviews any longer than was necessary.*

Using this method it was estimated that there should be a total of 9 mothers from Annapolis County, 27 mothers from Antigonish County and so on.

The total married mother sample consisted of 404 mothers; of these, 332 consented to take part in the study,—72 mothers refused. This resulted in an 82 per cent consent rate and an 18 per cent refusal rate.

The Refusals

A criticism often directed at survey research is the bias introduced by the non-consenting portion of the sample. If those who refuse to take part in the study happen to be the ones with the most severe problems, then the study results will have a favorable bias, making any generalizations about the persons under study misleading.

The problem created by refusals was anticipated and, to minimize its effect, arrangements were made to have Community Health Nurses gather some information on the non-consenting portion of the sample. With this data we were able to assess whether the non-consenters, as a group, differed from those that took part in the study.

We found that, for the most part, the mothers who refused to participate in the study had very similar characteristics to those who took part. For example, the average age of the consenting and non-consenting unmarried mothers was practically identical—19.0 years and 19.1 years respectively. The age range, as well, was very similar; 14-35 years in the group that took part in the study, 14-32 years in the non-consenting group.

The characteristics of the two groups of married mothers—those who participated in the study and those that refused—were also quite similar. Although the average age of the married mothers who refused to be part of the study was slightly less than that of the married mothers who were involved, the difference was not great; the figures were 22.5 years and 23.8 years respectively. The age range was quite similar; 15-35 years among the married consenters and 17-32 years among the non-consenters.

The educational levels achieved by the consenting and non-consenting groups of unmarried mothers were also very similar. The average grade completed by those who refused was 9.5 and for the consenters, 9.7. As well, the range of educational levels in the two groups of unmarried mothers was almost identical. Unfortunately, educational information was completed for too few of the non-consenting married mothers to permit comparisons between those married mothers who took part in the study and those who did not.

Among the unmarried mothers, even the household composition of the consenting and non-consenting groups was quite similar, with perhaps one exception: fewer of those who refused to participate were living alone compared to the group who agreed to take part in the study (1.5 and 8.1 per cent respectively). On the other hand, the percentage living with the father of the child was almost equal in both groups (30.8 per cent among those who refused; 30.1 per cent among those who consented).

One factor which did turn up differences between the consenting and non-consenting groups in both samples of mothers was the area in which they resided. Cape Breton County, for example, had a particularly high refusal rate. Even though the overall refusal rate among all unmarried mothers was just 15 per cent, it was nearly 28 per cent in Cape Breton County. In the entire married group the refusal rate was 18 per cent, compared to 25 per cent in Cape Breton. Digby and Yarmouth also had higher refusal rates than most other counties. By contrast, there were very few refusals or none at all in counties like Annapolis, Colchester, Cumberland and Lunenburg.

In addition to collecting demographic data, the Community Health Nurses made an assessment of the mother's financial and housing situation, her ability to care for the child, and the availability of persons to help her. Comparing these to the assessments made by our own interviewers of the women who took part in the study, we found no major differences between the two groups. Most importantly, among the unmarried mothers the percentage judged to have a very serious problem in each of these areas was about the same in both the consenting and non-consenting mothers. There was only a slightly larger percentage with serious problems among the consenting married group compared to the married mothers who did not participate. Although this means that there may have been a very slight negative bias in our married sample, we can conclude that the group of refusals were not made up of mothers with the most severe problems. Therefore, we feel that the loss of those mothers who refused to participate did not seriously bias our results in any significant way.

THE INTERVIEWING

Eight interviewers were hired to carry out the data collection for each phase of the study. Two were located in Halifax and were responsible for the interviewing in Halifax and the surrounding region; one was located in Sydney and covered the Cape Breton area; and one each was located in Antigonish, Truro, Kentville, Yarmouth and the Bridgewater area.

Ideally, the same interviewers would have completed all phases of the study. This was particularly important in making assessments of the mother's situation. If the interviewer met with the respondent on all three occasions and had an accumulated knowledge of her situation, it was much easier for the interviewer to make the assessment than if she had only one contact. There was, however, considerable turnover of the interviewing staff due to moves, permanent employment or because the work was more demanding than the person anticipated. At the study's completion, one interviewer had completed all three phases; three interviewers had completed both the second and third phases; and four interviewers had completed just the final interview.

Before each phase of the study, a three-day training session was held with the interviewers. This session was used initially to introduce the interviewers to the nature and goals of the study, and to provide them with an understanding of the interview process and the various aspects of sound interviewing practices. It also provided the interviewers with an opportunity to study the questionnaire, to learn the meaning and intent of each question, to practice using the questionnaire and to raise any questions.

Since the interviewers were located in various parts of the Province and were working in isolation from one another, the Study Office contacted them weekly by telephone. At least twice during each phase the Fieldwork Supervisor met with each interviewer to review the completed questionnaires and to discuss any problems they may have experienced in collecting the data.

To assist the interviewers in locating the respondents and to minimize attrition, change-of-address cards were left with each mother, and alternate addresses were collected in order to improve the chance of maintaining contact.

The Three Phases of Data Collection

The first phase of interviewing began in July, 1978, the second in April, 1979, and the third in December, 1979. Of the initial group of 346 unmarried mothers[3], 47 were lost to follow-up over the course of the eighteen-month study period. In the group of 326 married mothers[3], 31 were lost to follow-up. The reasons for incompletions are presented in *Table 2:1*.

The majority of the follow-up losses in both groups resulted from moves out of the province. As well, almost twice as many unmarried mothers refused to continue participating compared to married mothers. Two babies in the married mother sample died, one due to a liver abnormality and the other due to pulmonary tuberculosis. In only one instance were we unable to locate a respondent at the time of follow-up.

How those lost to follow-up compared to the mothers who participated in the study is an important consideration in determining the

TABLE 2:1

Reasons for Follow-up Losses Among Married and Unmarried Mothers

Reason for Dropping Out	**Married Mothers** (31)	**Unmarried Mothers** (47)
Moved Out of Province	19	23
Refused/Consistently Unco-operative	9	16
Boy-friend/Husband Objected	-	1
Mother Deceased	-	1
Baby Deceased	2	-
Couldn't Locate	1	-
Baby Adopted	-	6

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[3] *Initially, 353 unmarried mothers and 332 married mothers agreed to take part in the study. Before the interviewing began, 7 unmarried and 6 married women had either moved from the Province or changed their minds about participating. The resultant samples consisted of 346 unmarried women and 326 married women.*

representativeness or generality of the study findings. For this reason, we have included in *Appendix A* a comparison of the two groups in terms of a number of key variables.

The comparisons reveal two important facts. In the married sample, a slightly larger percentage of mothers with socio-economic problems were lost to the study. For example, a larger percentage of the non-completers were judged by the interviewers to have a problem with finances, housing or education. As well, a greater percentage of the married mothers who did not complete the study were judged "at risk" for parenting problems, although the difference was not a significant one. Therefore, our sample of 295 married mothers completing the study carried a slightly positive bias.

In the unmarried mother sample we found just the opposite situation. For example, a smaller percentage of the non-completers were judged to be "at moderate, considerable or extreme risk" for parenting problems. In terms of the interviewers' identification of problems, there were no major differences between the two groups except that a larger percentage of the completers were judged to have educational problems. This difference was not significant, however.

Therefore, it appears that our final unmarried sample carried a slightly negative bias. Any of the reported differences between the married and unmarried mothers who completed the study should be interpreted as slightly more pronounced than would be the case had all mothers completed the study.

DATA COLLECTION INSTRUMENTS

To facilitate the collection of exact and comparable data, a structured questionnaire was designed for each of the three phases of the study. The questionnaire contained both open-ended and closed questions and required about an hour or an hour and a half to complete.

Each questionnaire was quite long and fairly complex, with numerous contingency questions occurring throughout the schedule. In addition, many of the open-ended questions required a great deal of probing and cross-questioning to ensure that the answers the respondent gave were detailed and complete. For these reasons, and because we wanted a source of information apart from the mothers themselves, the questionnaire could not be self-administered but required the direction, involvement and input of the interviewers.

With only a few exceptions, the interviewing was done in the homes of the mothers. The first interview took place within a three-to-six week period following the birth of the child. On that occasion, information was collected on the mother's situation prior to and during her pregnancy; the alternatives she considered to keeping her child; the potential for parenting problems; and the mother's financial, employment and educational situation, as well as arrangements for child care.

The second interview took place when the child was approximately nine months old. The information collected at this contact related to the mother's financial situation, employment patterns, educational pursuits, child-care arrangements, marital status, social participation, knowledge and use of birth control prior to her pregnancy and following the birth of her first child, and to her child's health and development.

The third and final interview took place when the children were approximately eighteen months old. With the exception of the questions relating to the use of birth control prior to the women's pregnancies, the questions asked in Phase II were repeated in Phase III. In addition, questions which pertained to parenting problems, disciplining practices and mother-child interaction were included.

After each interview, the interviewers assessed the mother's situation, rated the severity of problems in different areas of the woman's life, and made recommendations about the services which were needed or which might be of help. In the final questionnaire, the interviewers also made an assessment of the degree of concern they had for the mother's ability to care for her child adequately.

Since the amount of time between the separate phases of the study was not great, we expected that the mothers would have little difficulty recalling the details of events that occurred between each contact. However, a summary of each mother's situation was completed at the end of Phase I and then again at Phase II. The interviewers were able to refer to these summaries during subsequent interviews, thus minimizing the possibility of errors in reporting.

As each questionnaire was returned to the Study Office, it was reviewed immediately to ensure that no questions had been missed, that the answers which were recorded were applicable to the question asked and that they were given with sufficient detail to satisfy the original intent of the question. When questions were missed or when the answers were vague or not to the point of the question, the interviewer was contacted and an effort was made to speak with the respondent a second time to get further information.

In addition to the questionnaires which were the major data collection instruments used in the study, we obtained information from two other sources. At the third interview, a card was left with each mother which contained spaces for recording her child's height, weight and head circumference. She was asked to have her doctor complete and return the card to the Study Office. This form of data collection was only partially successful and by the middle of the final interviewing phase only about one-half of the cards had been returned. As a result, alternate arrangements were made to have nurses, employed by the Nova Scotia Department of Health, collect the information from those remaining mothers who had not had their doctors complete the card.

The remaining source of information was hospital records. One of the goals of the study was to determine the incidence of abuse and neglect among the participants in the project. This was only possible in the Halifax area where most cases of abuse and neglect are referred to one hospital—The Izaak Walton Killam Hospital for Children. Arrangements were made with the hospital to have access to their files of "abuse and neglect" for the period in which the study was carried out and in May of 1980 this review was completed. Hospital records from The Killam Hospital were also used to verify the mothers' account of the hospitalizations and Emergency Department treatments experienced by their children over the eighteen-month study period.

CODING PROCEDURES AND MEASUREMENT INSTRUMENTS

A separate coding manual was developed for each of the three questionnaires used in the study. In the first phase, the coding was done once, then cross-checked twice. In the second and third phases, the initial coding was cross-checked for the most part only once; however, certain important questions such as those relating to child discipline, accidents and injuries, and contraception were cross-checked a second time. A data base was then created using the SPSS program.

Any information which was gathered on type of employment or job training was classified according to the Hollingshead Two Factor Index of Social Position. For our purpose, only the occupation factor was used, which categorizes employment into a hierarchical ranking of six major job classifications. These include the following: higher executives, proprietors of large concerns, and major professionals; business managers, proprietors of medium-sized businesses, and lesser professionals; administrative personnel, small independent businesses, and minor professionals; clerical and sales workers, technicians, and owners of little businesses; skilled manual employees; and unskilled employees.

The *"Michigan Screening Profile of Parenting"*, developed by Rae E. Helfer, James K. Hoffmeister and Carol Schneider, was used to measure the potential for parenting problems. Only the *"Emotional Needs Met"* factor was actually used in this report as an indicator of potential parenting problems since, of the four factors generated by this test, only this one had acceptable validity and reliability ratings.

A summary measure of "risk for parenting problems" was developed consisting of information on five separate factors known to predispose an individual to problems with parenting, the extreme form of which is child abuse. The five factors included the psychological predisposing factors measured by the Michigan Screening Profile of Parenting: the health of the child; the income of the mother; her child-care knowledge; and whether she had the support of other persons in a time of need. Using this information, a scale of five levels of risk was devised: extreme risk, considerable risk, moderate risk, minimal risk and no risk. For example, an individual was judged to be at "extreme risk" if she scored negatively on the Screening Profile for Parenting; if she was living below the poverty line; if her child was in poor health; if her child-care knowledge was poor and if she did not have a support system. This measure was taken at both Phase I and Phase III and, for reliability purposes, it was computed separately for each phase by two different people. Any discrepancies in summary scores were dealt with in conference.

To distinguish between rural and urban dwellers, the Statistics Canada definition of an urban place was used; this defines an urban area as having a population concentration of 1,000 or more, and a population density of 1,000 or more persons per square mile.

Measurements of the children's height and weight were plotted against the normal growth chart developed by Harold C. Stuart, M.D.,

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and associates at the Department of Maternal and Child Health, Harvard School of Public Health in Boston, Massachusetts. This chart is based on reported measurements of infants from comprehensive studies of health and development.

The measures of child-care knowledge were developed in consultation with a committee composed of doctors, nurses and a child-care educator. The specific questions tapped basic child-care knowledge, applicable first to the care of a newborn baby and, secondly, to a child of about a year or more in age. Those giving the more correct response to each question received a score of one: the scores for each of the questions were then summed and, depending on the total, the individual was assigned to one of two levels of child-care knowledge: adequate or inadequate.

To obtain some idea of the kinds of discipline used by the mothers in the study, a series of questions was drawn up describing typical infant behaviour which could be the source of some annoyance and strain to the parent—things like temper tantrums, biting or hitting, constant demands for attention, touching or playing with forbidden items, and so on. Depending on how the mother said she usually responded to these behaviours, her answer was assigned to one of the following five categories:

1 Usually ignores child—does not punish, feels behaviour is normal;
2 Usually uses a non-punishing or a positive reinforcement approach—e.g., distracts child, explains why child shouldn't act the way he does, picks child up and hugs him;
3 Usually uses mild non-physical punishing approach—e.g., withholds a privilege or something he wants, puts child by himself for a short time;
4 Usually uses verbal punishment—e.g., shames or ridicules child, tells child she doesn't love him, yells at child, scolds child;
5 Usually uses physical punishing approach—e.g., spanking, slapping fingers.

PART II

THE STUDY POPULATION

3 THE SOCIAL BACKGROUND OF THE MOTHERS

For every woman in the study parenthood was a new experience and, although each had assumed the demands and obligations that parenting entails, her personal circumstances and the resources she had to draw upon in fulfilling that role varied significantly. To understand better the initial differences, this chapter presents a comparison of the two groups of mothers in terms of a number of background or descriptive variables such as the mother's age, county of residence, religion, ethnic and family status; and in terms of three socio-economic indicators: education, job training and employment background. Information about the child's father is also presented, including his age, education, marital status and the length of time he and the child's mother knew each other prior to the pregnancy.

DEMOGRAPHIC CHARACTERISTICS

Age of the Mother

Statistics on the age of the married and unmarried mothers provide striking evidence of how dissimilar these two groups were. At the time of their child's birth, the unmarried mothers were, on average, five years younger than their married counterparts and nearly two-thirds of them were still teenagers compared to just 12.5 per cent of the married mothers *(Table 3:1)*.

The unmarried mothers ranged in age from 14 to 35 years, with an average age of 19 years. The most frequently occurring (modal) age was 18 years. Eighteen per cent were less than 17 years of age and 46.9 per cent were between the ages of 17-19 years. Some were hardly more than children themselves: seven were just 14 years old and 13 were only 15 years old.

The married mothers were much older. Although their age range of 15-35 years was similar to the unmarried mothers, their mean and modal age was considerably higher: 23.8 years and 23 years respectively. Only three women or approximately one per cent of the married sample were below the age of 17 and just 11.7 per cent were between 17-19 years of age.

County of Residence

The county where the mother resided was an important consideration in that it indicated to us whether the phenomenon of "keeping the out-of-wedlock child" was distributed evenly across the province or if, instead, it was characteristic of certain regions.

In considering the area distribution of our two samples, we began by examining the distribution of all births in Nova Scotia by county over the 10-year period prior to the study. We found little variation from one year to the next. For example, Halifax County consistently accounted for approximately 35 per cent of all births; Cape Breton accounted for approximately 15 per cent. This pattern was virtually identical for both in-wedlock and out-of-wedlock births throughout the province. For instance, over the preceding ten years, an average of 2 per cent of all out-of-wedlock births occurred in Annapolis county. Over the same ten-year

TABLE 3:1

Percentage Distribution of Unmarried and Married Mothers by Age of the Mother at the Time of the Child's Birth

Age	Unmarried Mothers	Married Mothers
	(346)	(326)
Teenagers	**64.7**	**12.6**
14 years	2.0	
15 years	3.7	0.3
16 years	12.2	0.6
17 years	16.5	1.8
18 years	17.3	3.4
19 years	13.0	6.5
Over 20 years	**35.3**	**87.4**
20-24 years	29.2	47.3
25 years or More	6.1	40.1
TOTAL	**100.0**	**100.0**
Mean Age	19.0 years	23.8 years

period Annapolis accounted for 2.3 per cent of all in-wedlock births. For Cape Breton, the figures were 15.1 per cent and 15.7 per cent respectively. For Colchester, they were 4.9 per cent and 4.6 per cent.

The county distribution of our study sample very closely paralleled these yearly birth averages and in many cases they were almost identical. Because of the sampling design, the married mothers in the sample were distributed throughout the counties in similar proportions to that which married mothers had been for the preceding ten years. What had special significance to us, however, was the fact that this pattern held true for the unmarried women in the sample as well.

Although the county distribution of all out-of-wedlock births was known prior to conducting the study and, as we have indicated, showed a consistent pattern over the years, the county distribution of never-married women who kept their children had not been known. The distribution of these new parents, however, was nearly identical to the county distribution of out-of-wedlock parents in general. In other words, unmarried mothers who kept their children were not found in disproportionate numbers in any specific regions *(Table 3:2)*.

Religious Affiliation

The religious background of the two groups of mothers was quite similar, although more unmarried mothers reported having no religious affiliation or came from Catholic backgrounds, while a somewhat smaller percentage were Protestant *(Table 3:3)*. The greater Catholic representation probably reflected the fact that there were fewer abortions among single Catholic women and, therefore, more of their out-of-wedlock pregnancies were brought to term.

Ethnic and Racial Origin

The distribution of the two samples along ethnic or racial lines did not reveal any major differences. A slightly smaller proportion of the unmarried mothers had ancestors of British, French, German, or Dutch origin whereas a somewhat larger proportion were either Native Indian, Metis or Negro. A substantial percentage of the unmarried mothers (25.1) did not know to what ethnic or racial group their ancestors belonged *(Table 3:4)*. A review of their surnames, however, indicated that the majority were probably of British origin. This being the case, the percentage of British origin in the two samples would have been quite similar.

FAMILY BACKGROUND

By the time the unmarried mothers in the study were 16 years of age, approximately one in three no longer lived with both her natural

TABLE 3:2

Percentage Distribution of Unmarried and Married Mothers by County of Residence at the Time of the Child's Birth

County of Residence	Unmarried Mothers	Ten Year Provincial Average of Out-of-Wedlock Births	Married Mothers	Ten Year Provincial Average of In-Wedlock Births
	(346)	(1967-1976)	(326)	(1967-1976)
Annapolis	2.6	2.0	2.5	2.3
Antigonish	2.6	1.8	3.1	2.7
Cape Breton	15.0	15.1	15.0	15.7
Colchester	4.6	4.9	5.2	4.6
Cumberland	4.9	5.0	4.3	3.7
Digby	1.7	2.9	1.8	2.3
Guysborough	2.9	1.9	0.6	1.7
Halifax	35.8	38.2	34.7	35.0
Hants	3.8	4.4	5.2	3.8
Inverness	2.6	1.5	3.7	2.9
Kings	6.1	5.3	4.0	5.7
Lunenburg	2.9	2.9	5.5	4.3
Pictou	5.8	5.2	6.4	6.2
Queens	0.9	1.2	0.9	1.5
Richmond	1.5	1.1	0.6	1.7
Shelburne	2.0	1.9	2.5	2.3
Victoria	1.4	1.1	0.3	0.8
Yarmouth	2.9	3.6	3.7	2.8
TOTAL	100.0	100.0	100.0	100.0

parents. In nearly 20 per cent of the cases the parents were either separated or divorced, and in 7.2 per cent of cases one or both parents were deceased. There were a further 10 mothers whose parents had never been married, although in four cases they had lived common law and raised their children together. The remaining four mothers or 1.3 per cent of the sample were with adoptive parents *(Table 3:5)*.

The family backgrounds of the married mothers were much more stable by comparison. Only 15.0 per cent of this group of women were not living in intact nuclear families at their sixteenth birthday. Proportionately fewer of their parents were separated or divorced, and only one married mother's parents has never been married. However, the percentage of women who had been adopted, and the percentage whose parent(s) were deceased, were nearly the same in the married and unmarried samples.

Although the differences were not statistically significant, a larger percentage of the 17-19 year-old unmarried mothers came from families that were not intact than either the unmarried mothers who were less than 17 years of age at the time of their child's birth or more then 25 years of age. The percentage of mothers between the ages of 20-24 years who came from nuclear families which were not intact was just slightly more than among the 17-19 year-olds.

TABLE 3:3

Percentage Distribution of Unmarried and Married Mothers by Religious Affiliation

Religion	**Unmarried Mothers** (321)	**Married Mothers** (308)
Protestant	50.8	57.5
Catholic	45.2	40.9
No Religious Affiliation	4.0	1.0
Other	-	0.6
TOTAL	100.0	100.0
No Information*	(25)	(18)

* *The information on religion was collected at the second interview when 25 unmarried mothers and 18 married mothers were lost to follow-up. Hereafter in this chapter, information missing because of loss to follow-up will simply be designated as "no information".*

TABLE 3:4

Percentage Distribution of Unmarried and Married Mothers by Ethnic or Racial Origin

Ethnic or Racial Origin	Unmarried Mothers (346)	Married Mothers (326)
British	45.7	58.0
French	10.7	13.5
German	5.2	6.8
Dutch	1.4	2.1
Native Indian/Metis	2.6	0.3
Negro	8.1	0.3
Other	1.2	2.1
Don't Know	25.1	16.9
TOTAL	100.0	100.0

TABLE 3:5

Percentage Distribution of Unmarried and Married Mothers by Family Status at the Time of the Mothers' Sixteenth Birthday

Family Status	Unmarried Mothers (321)	Married Mothers (308)
Parents Married and Living Together	68.8	85.0
Parents Separated or Divorced	19.6	6.2
One or Both Parents Deceased	7.2	6.2
Parents Never Married	3.1	0.3
Adopted	1.3	2.3
TOTAL	100.0	100.0
No Information	(25)	(18)

Even though their natural parents were not living together by the time one-third of the unmarried mothers reached their sixteenth birthday, many had been raised by both parents for the majority of their first 16 years. Altogether, approximately three-quarters of the unmarried mothers studied had spent most of their first 16 years with both natural parents. Of those who did not, 12 per cent lived with just their mother; 5 per cent were raised by grandparents; and the remainder were brought up either by their fathers, a natural and stepparent, foster or adoptive parents, other relatives or, in one case, at the Nova Scotia Home for Coloured Children *(Table 3:6)*.

TABLE 3:6

Percentage Distribution of Unmarried and Married
Mothers by Person(s) Raising Them for the
Majority of Their First Sixteen Years

Person(s) Raising Mother	**Unmarried Mothers**	**Married Mothers**
	(317)	(307)
Natural Parents	72.6	88.9
Natural Mother	12.0	5.2
Grandparents	5.0	0.3
Natural Father	2.5	1.0
Foster Parent(s)	2.0	-
Natural Mother & Stepfather	2.0	0.7
Natural Father & Stepmother	0.9	0.3
Other Relatives	0.9	1.0
Numerous Foster Homes	0.9	0.3
Adoptive Parents	0.9	2.0
Home for Coloured Children	0.3	-
Adoptive Mother & Stepfather	-	0.3
TOTAL	100.0	100.0
No Information*	(29)	(19)

* *In addition to those lost to follow-up at the second interview there was no information on a further four unmarried mothers and one married mother.*

Whereas about one in four unmarried mothers was not raised by both natural parents, this applied to only about one in ten of the married mothers. For example, approximately half as many of the married mothers were raised just by their mothers; and smaller percentages had been raised by grandparents, just their fathers, a natural parent and a stepparent, or foster parents.

SOCIO-ECONOMIC CHARACTERISTICS

Educational Attainment

For the unmarried parent with sole financial responsibility for herself and her child the level of education and, subsequently, the kind of employment she can qualify for, will have an enormous bearing on the standard of living she is able to provide. Education, for this reason, is even more critical for the single parent than for her married counterpart. As with age, however, the educational level of the two groups of mothers in our study differed dramatically, revealing a severe handicap among unmarried mothers in their ability to secure employment which would provide an adequate income.

Approximately 80 per cent of the unmarried mothers had less than a completed High School education, 37 per cent had partial High School and 43.4 per cent less than Grade 10 *(Table 3:7)*. Only 61 women or 17.6 per cent of the sample had finished High School and only 7 had gone to university.

TABLE 3:7

Pecentage Distribution of Married and Unmarried
Mothers by Level of Education Completed
at the Time of the Child's Birth

Level of Education Completed	**Unmarried Mothers**	**Married Mothers**
	(346)	(325)*
Less than Grade 10	43.4	8.6
Some High School	37.0	25.8
Completed High School	17.6	45.4
Some University or Completed University	2.0	20.2
TOTAL	100.0	100.0

** No information for one married mother*
Chi Square = 175.20, df = 3, p $\ll$ *.0000*

It might be expected that the very low educational levels of the unmarried mothers were the result of their youth and the fact that many were still in the school system when they became pregnant. This was not entirely the case, however. Although nearly 40 per cent of them had been in school when they became pregnant, when their educational levels were compared to those in the study who had already left the school system, no major differences were found. For example, 45.1 per cent of those who had been going to school had less than a Grade 10 education compared to a very similar percentage of 42.3 among those who had already dropped out of school. The percentage with only partial High School was much the same in both groups as well: 37.1 per cent among those who had been in school; 36.6 per cent among the school drop-outs *(Table 3:8)*. So the unmarried mothers, regardless of whether they were still going to school or not, had low levels of education compared to married mothers.

The educational picture of the married mothers was very different. Two-thirds of these women had a completed High School education or better, 45.4 per cent were High School graduates and 20.2 per cent had either some college education or college degree. Only about a third of the married mothers, compared to approximately 80 per cent of the unmarried mothers, had not finished High School: 25.8 per cent had only a partial High School education and 8.6 per cent had completed less than Grade 10.

TABLE 3:8

Percentage Distribution of Unmarried Mothers Who Had Been Attending School When They Became Pregnant and Unmarried Mothers Who Had Left the School System, by Level of Education

Level of Education Completed	In School	Not in School
	(133)	(213)
Less than Grade 10	45.1	42.3
Some High School	37.1	36.6
Completed High School	15.0	18.8
Some University or Completed University	[illegible]	2.3
TOTAL	100.00	100.0

Among the married mothers, those with less education did tend to be the ones in school at the time of the pregnancy. For instance, 15.4 per cent of the married mothers who had been in school had less than Grade 10 compared to 8 per cent of those in the sample who had left the education system.

Among the 133 unmarried mothers who had been attending school when they became pregnant, nearly two-thirds were in High School. Of the remainder, one was in Grade 6, six were taking Grade 7, fifteen were in Grade, 8, twenty-two were in Grade 9, and four were at University. By comparison, nearly a third of the married mothers had been attending university and over half were in High School *(Table 3:9)*.

Approximately 65 per cent of the unmarried mothers continued to attend classes after they discovered they were pregnant, completing the grade before their baby was born; 33.1 per cent withdrew and 2.3 per cent had their babies in the middle of the school term and resumed classes soon after the child's birth. Among the married mothers, approximately 81 per cent completed their grade before the baby was born; 15.4 per cent dropped out of school; and 3.8 per cent gave birth during the school year, going back to classes after the child was born *(Table 3:10)*.

TABLE 3:9

Unmarried and Married Mothers Still in School When
They Became Pregnant, by Grade Attended

Grade Attended	Unmarried Mothers	Married Mothers
6	1	-
7	6	-
8	15	2
9	22	2
10	36	1
11	29	5
12	20	8
University	4	8
TOTAL	133	26

Employment Training

A second indicator of socio-economic outcome is employment training and this, to possibly an even greater extent than education, will determine the earning ability of the individual. For the unmarried mother who is the sole supporter of herself and her child, employment that pays an adequate salary is essential. Not only will she have normal living expenditures but the additional cost of babysitters while she is working. In view of the low levels of education in the unmarried mother sample, some training, be it trade, service or paraprofessional, is obviously necessary if she is to provide a reasonable standard of living for herself and her infant.

Training of any kind, however, was largely absent in the unmarried mother sample. In all, approximately 80 per cent had no training whatsoever that would qualify them for employment *(Table 3:11)*. Of the remaining 20 per cent who did have specific job training, the majority were qualified for traditionally low-paying jobs in the service sector. For instance, approximately 13 per cent were eligible for either sales, clerical or technical jobs; 1.1 per cent were qualified for skilled employment; and 3.8 per cent were qualified for semi-skilled work. Only four unmarried mothers had professional or administrative training.

In comparison to the unmarried mothers, the married women were much more likely to have had some employment training. Altogether,

TABLE 3:10

Percentage Distribution of Married and Unmarried Mothers
Who Were Attending School When They Became
Pregnant by Outcome of School Year

Outcome of School Year	**Unmarried Mothers**	**Married Mothers**
	(133)	(26)
Completed Grade	64.6	80.8
Withdrew	33.1	15.4
Still Attending After Child's Birth	2.3	3.8
TOTAL	100.0	100.0

about two-thirds of these women were qualified to work in some kind of specialized employment. In addition, when they did have employment training it tended to be at a higher level than that received by the unmarried mothers. For example, of the 211 married mothers who had job training, 35.0 per cent were trained for professional, administrative or managerial work. The corresponding figure among the trained group of 67 unmarried mothers was 6.0 per cent.

It may seem somewhat misleading to point to the lack of job training among the unmarried mothers in view of their youth and the fact that many were still in the formal school system when they became pregnant. But, as we will see in subsequent chapters, many of these women left school after the birth of their child. The job training they took with them, or the lack of it, consequently became an important factor when considering the changing circumstances of these young women over the eighteen-month period of the study.

TABLE 3:11

Percentage Distribution of Unmarried and Married Mothers by Type of Employment Training

Type of Employment Training	Unmarried Mothers (346)	Married Mothers (326)
High Executive, Major Professions	-	0.9
Managerial, Lesser Professions	0.6	18.7
Administrative, Minor Professions	0.6	3.1
Clerical, Sales, Technical	13.3	34.4
Skilled	1.1	0.9
Semi-Skilled	3.8	6.7
No Job Training	80.6	35.3
TOTAL	100.0	100 0

Occupational Background

A third predictor of socio-economic outcome is occupational background. Only 34 per cent of the unmarried mothers in our study were employed when they became pregnant compared to 72 per cent of the married mothers. The subsequent discussion of occupation will concentrate just on these working women.

Of the 346 unmarried mothers, 118 were working outside the home when they became pregnant *(Table 3:12)*. Nearly two-thirds of them were employed in jobs classified as semi-skilled or unskilled, jobs which pay low salaries and which are among the least desirable of all occupations. Typical were occupations such as: cleaners, fish trimmers, hospital aides, factory labourers, dishwashers, chambermaids and waitresses. Almost all of the remaining working unmarried women were employed in either sales or clerical occupations and, to a lesser extent, secretarial.

The occupational picture of the married mothers differed substantially from that of the unmarried mothers. Approximately one-quarter of this group was employed in professional work, (typically, nursing or teaching); over half were in secretarial, sales or clerical jobs

TABLE 3:12

Percentage Distribution of Unmarried and Married Mothers by Type of Occupation

Type of Occupation	**Unmarried Mothers** (118)	**Married Mothers** (233)
High Executive, Major Professions	-	0.9
Managerial, Lesser Professions	1.7	21.0
Administrative, Minor Professions	1.7	5.2
Clerical, Sales, Technical	33.1	54.9
Skilled	0.8	2.2
Semi-Skilled	33.9	12.4
Unskilled	28.8	3.4
TOTAL	100.0	100.0

and the remainder (18.0 per cent) were in either skilled, semi-skilled or unskilled work.

In view of the undesirability of the jobs the unmarried mothers held, it was not surprising to find much less job stability in this group. Over half of the unmarried working women had been in their jobs for less than a year whereas only a third of the working married women had been employed for that short a time. When controls were made for the type of job held, much of the difference disappeared, however. For example, 56.8 per cent of the unmarried mothers who had been in trade occupations had been employed for less than a year compared to 45.2 per cent of the married mothers. The overall difference in the length of time employed was also explained in part by the mothers' age; 54.7 per cent of the unmarried working mothers were teenagers compared to 13.8 per cent of the married mothers. Thus they would have had less opportunity to be employed for long periods of time.

Compared to married mothers, the unmarried mother did not work as long once she discovered her pregnancy. Only about a third of these women worked into the third trimester of their pregnancy whereas 70.2 per cent of the married mothers were still in their jobs by that time *(Table 3:13)*. Overall, the type of job the mothers held influenced the length of time they remained employed. For example, in both the married and unmarried samples those who were employed in professional or managerial jobs remained working the longest, followed by those in clerical positions and those in trades occupations. But, regardless of the job type, the unmarried mothers consistently worked for shorter periods of time compared to married mothers: only 53.9 per cent of the unmarried mothers in clerical or sales positions worked into the third trimester compared to 75.0 per cent of the married mothers; 24.0 per cent of the unmarried mothers in trades occupations worked into the third trimester of pregnancy compared to 52.4 per cent of the married women.

Among the 92 unmarried mothers who were neither working nor attending school when they became pregnant, approximately 90 per cent had no job training. Approximately 63 per cent had less than Grade 10 education, 30 per cent had only partial High School and only 8 per cent had a completed High School education.

THE CHILD'S FATHER

There is often a tendency to focus exclusively on the unmarried mother when considering the problems and difficulties of unmarried parenthood. Yet, very often the father of the child is involved quite extensively even though he and the child's mother have decided not to marry. His personal circumstances, his age, his educational level and his marital status will in all likelihood have a considerable influence on the assistance or lack of it that he is able to provide to his child and the child's mother.

The Father's Age

Although on average three years older than the unmarried mothers, the children's fathers were nevertheless quite young. Their average age was one year less than the average age of the married mothers and, therefore, considerably less than the average age of the married fathers. So, like the unmarried mother, parenthood began much earlier for the father of her child than for men generally.

Approximately 30 per cent of the children's fathers were teenagers—2 per cent were less than 17 years of age and 27.5 per cent

TABLE 3:13

Percentage Distribution of Unmarried and Married Mothers
by Length of Time Mother Continued to
Work During Her Pregnancy

Length of Time Worked	**Unmarried Mothers**	**Married Mothers**
	(118)	(232)*
First Trimester (1st-3rd Month)	33.9	10.8
Second Trimester (4th-6th Month)	29.7	19.0
Third Trimester (7th-9th Month)	36.4	70.2
TOTAL	100.0	100.0
Not working	(228)	(94)

** There was no information for one working married mother.*
Chi Square = 41.68, df = 2, $p \leq .0000$

were between the ages of 17 and 19 *(Table 3:14)*. Close to half were 20-24 years of age and nearly one out of every four was more than 25 years old. They ranged in age from 15-59 years with an average age of 22.3 years. Twenty was the most frequently occurring age.

Marital Status of Child's Father

If the child's father was already married with a family of his own, then the likelihood of his providing assistance in any substantial way to his out-of-wedlock child and the child's mother would probably be slight. His marital status was an important consideration, therefore, in looking at how the unmarried mother fared with her infant.

Only a very small minority of the fathers in our study, however, were already married and living with their families *(Table 3:15)*. Of the total group, just 13.3 per cent were married: 3.2 per cent were living with their wife and family; 4.0 per cent were separated; 5.5 per cent were divorced and 0.6 per cent were widowers. The vast majority of the children's fathers—84.4 per cent—were single men, and at least potentially capable of providing a home and financial assistance for their out-of-wedlock child.

TABLE 3:14

Percentage Distribution of Unmarried Mothers and the Fathers of their Children by Age at the Time of the Child's Birth

Age	Unmarried Mothers	Fathers of the Study Children
	(346)	(346)
Less than 17 years	17.9	2.0
17-19 Years	46.8	27.5
20-24 Years	29.2	43.9
25 Years or more	6.1	22.5
Unknown	-	4.1
TOTAL	100.0	100.0
Mean Age	19.0 Years	22.3 Years

Educational Level of the Child's Father

Like the unmarried mothers, the fathers had relatively low levels of education *(Table 3:16)*. The education level of 15 per cent of the fathers was unknown but of those on whom we were able to gather information,

TABLE 3:15

Percentage Distribution of the Fathers of the Study Children by Their Marital Status at the Time of the Child's Birth

Marital Status of Child's Father	**Number**	**Percentage**
Single	292	84.4
Married	11	3.2
Separated	14	4.0
Divorced	19	5.5
Widowed	2	0.6
Unknown	8	2.3
TOTAL	346	100.0

TABLE 3.16

Percentage Distribution of Unmarried Mothers and the Fathers of Their Children by Level of Education Completed at the Time of the Child's Birth

Level of Education Completed	**Unmarried Mothers**	**Fathers of the Study Children**
	(346)	(346)
Less than Grade 10	43.4	30.0
Some High School	37.0	31.8
Completed High School	17.6	19.7
Some University or Completed University	2.0	3.5
Unknown		15.0
TOTAL	100.0	100.0

over 60 per cent had less than a completed High School education: about a third had partial High School and another third had less than Grade 10. Just slightly more of the fathers than unmarried mothers had completed High School, some university training or completed university education.

Length of Time Known

The majority of the unmarried mothers had known their child's father for a considerable length of time: 22.6 per cent had known him for one to two years and 45.1 per cent had known him for more than two years. Just six women said that they had only been acquainted with him for less than a month. A further 16.8 per cent knew the child's father for one to six months and 12.1 per cent knew him for seven months to a year *(Table 3:17)*.

Of the total group of 346 unmarried mothers, 56 or 16.4 per cent were known to have been living with the baby's father prior to the birth. Forty-nine of the mothers had been living with the child's father before they became pregnant and two had begun living common law after their pregnancy was confirmed. We were not able to obtain information on whether or not the women were living common law prior to the pregnancy in the remaining five cases.

TABLE 3:17

Length of Time Unmarried Mothers Knew the Baby's Father at the Time of the Pregnancy

Length of Time Known	Number	Percentage
Less than 1 Month	6	1.7
1-6 Months	58	16.8
7-12 Months	42	12.1
1-2 Years	78	22.6
More than 2 Years	156	45.1
No Answer/Refused	6	1.7
TOTAL	346	100.0

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SUMMARY

The unmarried mothers were much younger than their married counterparts with approximately two out of every three still teenagers at the time of their children's birth. They were not disproportionately located in any one or more specific areas of the province but were dispersed in a similar pattern to the out-of-wedlock childbearing rates generally. Compared to married mothers slightly more had no religious affiliation or were Catholic, and a somewhat larger percentage were Native Indian, Metis or Negro. A larger proportion of unmarried mothers came from families that were not intact either because of divorce, separation, death or illegitimacy. By the time they were 16 years of age, one out of every three unmarried mothers no longer lived with both natural parents. For the majority of their first 16 years, approximately one-quarter were not raised by both natural parents. They had very limited schooling, with only 20 per cent having a completed High School education or better, compared to 65 per cent of the married mothers. Eighty per cent (compared to 35 per cent of the married mothers) were without any job training, and at the time of conception, 34 per cent were working, 38 per cent were in school and the remaining 28 per cent were at home.

The child's father was also quite young and had only limited education. The vast majority were single men and slightly more than two-thirds of the mothers had known the father over a year before they became pregnant. In all, 16.4 per cent of the unmarried mothers were known to have been living with the baby's father prior to the birth.

4 CONTRACEPTIVE USE AND PREGNANCY HISTORY

An obvious and direct solution to the problem of unwanted pregnancies is prevention. With the availability of various reliable contraceptive devices, in particular the oral contraceptive, most women now have considerable control over their own fertility. The result is that pregnancies occur less frequently, and are more often desired when they do occur, than was the case among earlier generations of women. But, although declining birth rates and planned pregnancies have become characteristic of most women, there are certain identifiable segments of the female population where no such corresponding change has occurred. Pregnancy rates among the very young, for instance, (women 17 years of age or less) have remained largely unchanged since the introduction in our society of new and reliable forms of birth control. As well, there has not been a corresponding decline in the out-of-wedlock childbearing birth rate although this is very closely tied to the age factor; births to single women over 20 years of age have shown much the same decline as births overall, whereas births to single teenage women have climbed. Pregnancies in both these groups of women—the unmarried and particularly the young unmarried—are generally assumed to be unwanted. Therefore, in spite of the apparent simplicity of the solution to unwanted, out-of-wedlock births, there is obviously some underlying problem which is preventing the birth rate in this segment of the female population from declining in accordance with the birth rate overall.

The irony of the situation is immediately apparent. The advances both in the effectiveness and accessibility of birth control have bypassed, to a large extent, those women for whom pregnancy and childbirth can have the most detrimental effects not just to themselves but to the children they bear, as well. No women, excepting those in the final years of their reproductive cycle, face such serious risks to their health and to the health of their newborns as very young women in the first few years of their reproductive life. It has been found, for instance, that prematurity (resulting in increased risk of infant morbidity and mortality), excessive weight gain and hypertension (especially toxemia) are more characteristic of very young mothers than of their counterparts aged 18-30. In addition to the medical risks, there is a whole host of social risks which may await single women who become mothers before they are truly prepared to take on the responsibilities of provider and caretaker of another human life.

This problem raises two very important questions. The first concerns the reasons why young single women are not making use of the contraceptive methods available to them, but are risking an unwanted pregnancy. The second concerns the measures that can be taken to prevent this situation from continuing. Before we can begin to provide answers to the second question, however, we need to learn much more about the reasons why so many young women neglect to use any form of birth control in the first place. We need to know what information, if any, these women have about contraception, where they get this information, and if it is accurate. We need to know what attitude these women have towards contraceptive use, and we require a better understanding of the factors which prevent women from obtaining and using the various means of contraception. Finally, but perhaps most importantly, it is necessary to determine whether these women actually want to prevent their pregnancies or if, in fact, they really hope to have a child. Obviously, if our assumption about these pregnancies being unwanted is wrong then any efforts to reduce the out-of-wedlock childbearing rates will fail.

The young single women in our study, by definition, represent the segment of the female population where birth rates have not declined and social and medical risks are greatest, hence it was of considerable importance to find answers to the questions we have just posed. This chapter presents a discussion of our findings and is divided into two major sections. The first covers the period prior to the birth of the mothers' first child and contains a discussion of their pregnancy history, their knowledge of contraception, whether they hoped to get pregnant or not, and the factors which prevented them from using contraception. The second section focuses on the period following the birth and looks at the occurrence of subsequent pregnancies and births, the mothers' use of contraception following the birth of their first child, and the need for additional family-planning services.

Most of the information in this chapter was gathered at the time of the second interview when 317 unmarried mothers and 308 married mothers were contacted. Some of the sample totals will exceed this number, however, since this information was asked of those mothers who did not participate in the second phase but were located by the time of the third phase. The information on subsequent pregnancies relates just to those 299 unmarried mothers who were still in the study at the third phase of interviewing.

PERIOD PRIOR TO THE BIRTH OF THE FIRST CHILD

Prior Pregnancies

A criterion for inclusion in the study was that the newborn of each mother must be her firstborn child. This criterion enabled us to begin the study with a cohort of women who were experiencing motherhood and parenting for the first time. We were then able to look at how the single mothers coped with their new responsibility compared to their married counterparts, as well as to find out what percentage had subsequent out-of-wedlock children.[1]

The fact that this was the mothers' firstborn child did not necessarily mean that it was their first pregnancy. An earlier pregnancy, ended by either a spontaneous or therapeutic abortion, could have occurred. Since the primary focus of this particular area of inquiry was on the reasons why the unmarried mother neglected to use birth control, the occurrence of a previous pregnancy obviously had considerable significance and could not be overlooked in any discussion of the contraceptive practices or absence of them among the unmarried mothers in our study. For example, an earlier pregnancy, especially one that was terminated by abortion, could provide important clues as to why contraception was not used prior to the second pregnancy. Therefore, an attempt was made to find out how many of the mothers had experienced a previous pregnancy and why it was not brought to term.

We found that approximately one out of every 10 unmarried mothers studied had had a previous pregnancy. Of the 34 who had been pregnant before, 30 (or 91 per cent) had just one prior pregnancy; two mothers had been pregnant two previous times and an additional two mothers had been pregnant on three earlier occasions.

Among the women in the unmarried mother sample who were over the age of 24 nearly one-third had experienced a previous pregnancy; this is in comparison to 15 per cent of the 20-24 year-olds, 10 per cent of the 17-19 year-olds, and none of those less than 17 years of age. Viewed from another perspective, however, 44 per cent of those who had been pregnant before were teenagers. Overall, most of these women were not attending school when they became pregnant this time but were either employed or at home.

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[1] *After the interviewing was completed it was discovered that two unmarried women had been incorrectly included in the sample; one had given birth to a child but had given it up for adoption, and another had a stillbirth. These individuals did not strictly meet the criteria for inclusion in the sample. But, because of the fact that there were so few of them and that neither had truly experienced the parenting role, it was decided that they should be retained as part of the sample.*

There was no clear association between the educational level of the mother and the occurrence of a prior pregnancy; 5.6 per cent of those with a completed High School education had been pregnant before, compared to 15.8 per cent of those with some High School education and 6.2 per cent of those with less than Grade 10. Approximately two-thirds of the women with some university or a complete university education had a previous pregnancy although there were very few mothers in the sample with this amount of education.

The majority of the earlier pregnancies were ended by therapeutic abortions. Altogether, 21 pregnancies were terminated this way. In addition, there were 17 miscarriages, one stillbirth and, as mentioned earlier, one mother had carried the child to term and had placed the child for adoption after the birth *(Table 4:1)*.

Although the proportion of our unmarried mother sample that had had an earlier abortion was small (approximately 6 per cent), the

TABLE 4:1

Outcome of Previous Pregnancies Among
Unmarried Mothers

Outcome of Previous Pregnancies	**Unmarried Mothers**
	(34)
Abortion	21
Miscarriage	17
Adoption	1
Stillbirth	1
TOTAL NUMBER OF PREGNANCIES	40
No Previous Pregnancy	(286)
No Information	(26)

possibility that something about the experience of abortion itself may have precipitated the second pregnancy led us to look at the experience of these 20 women in more detail. Indeed, it appeared from their comments that for a majority of these women the experience of abortion had been a disturbing one. The following are some examples of their responses:

> *"I had an abortion when I was 18. A couple of my relatives talked me into it. I didn't feel good about it. I don't agree with it. I was really pressured. I wouldn't do it again."*
>
> *"I was 17 when I had an abortion . . . that's why I want all the kids now. I regretted it. Three months later I got pregnant again. I wonder now if it (the aborted baby) might have been a boy."*
>
> *"I had an abortion when I was 19. I wanted to keep the baby but couldn't get enough assurance of financial help and everyone around me pushed me into having an abortion. I regret it now. I was still dependent on mother. I had no way of caring for a child. I felt bad and still do about having the abortion."*
>
> A 23 year old: *"I had an abortion about six or seven years ago. I regretted having the abortion. I went to my own doctor and got the abortion. I didn't have anyone to help me at the time and I thought an abortion would be good for me and the baby but it wasn't good for me."*
>
> *"I had an abortion when I was 15. I was forced into it by my parents. I still have guilt feelings."*
>
> A 16 year-old: *"My parents talked me into it. At the time it was the best decision. I was really scared. Every now and then it hits me hard . . . it was one of the reasons I kept my baby."*
>
> An 18 year-old: *"It was my own decision. I have guilt feelings. It bothers me. I was too young. I didn't feel I could look after a baby. I didn't really want to have an abortion but my boy-friend and I talked it over and I decided I should have one. I didn't really want to but I was only 14."*
>
> A 20 year-old: *"I had it on my own. I did have a lot of guilt feelings—you never forget it. I wouldn't recommend it for anyone."*

A number of researchers have looked at the psychological repercussions of abortion on those who undergo this procedure and, for the most part, have concluded that there are no unfavourable or lasting effects on the woman. They have, of course, looked for signs of definite psychiatric impairment such as emotional or nervous disturbances or suicide attempts. Because no evidence has been found of any of these, the conclusion has usually followed that abortion is a matter taken lightly with few afterthoughts and little remorse. The comments made by the few women we spoke to indicate otherwise. Although they represent a very small sampling of women who have undergone abortions, their comments do suggest that, for at least some, abortion can cause quite troubling afterthoughts.

The question which concerned us most, however, was whether the abortion led to the second pregnancy. In other words, were there some women who had an abortion and, because it was done against their will or because they regretted it later on, reacted by becoming pregnant a second time? We attempted to answer this question by considering the mother's response to questions such as: whether the second pregnancy was hoped for; whether birth control had been used prior to the latest pregnancy; and by considering the length of time between the abortion and the second pregnancy.

We found very little evidence to support the contention that the abortion had led to a second pregnancy, although there was some. One woman said outright that she had intentionally become pregnant a second time; one intimated it; and a greater percentage of the women who had an abortion said they hoped for the latest pregnancy compared to the rest of the sample. Yet, apart from the two individuals just discussed, the shortest period of time between the abortion and the second pregnancy was two and one-half years—the longest, approximately seven years. Therefore, we could not conclude that there was an immediate cause-and-effect relationship between the abortion and the second pregnancy—that the women deliberately became pregnant again to compensate for the loss they had felt. However, it does seem safe to conclude, considering their remarks, that abortion influenced these mothers' decisions to keep and raise their children when they became pregnant a second time.

The Child Born Out of Wedlock—Planned or Unplanned?

Early out-of-wedlock childbearing is considered a problem because of the medical and social risks it carries and because it is thought to be unplanned or unwanted. Prevention, therefore, seems the logical and obvious strategy for curtailing the number of these pregnancies. But prevention is relevant only so long as these pregnancies are, in fact, unplanned and unwanted. If they are not, and if many of the unmarried mothers actually hope to get pregnant, then family planning programs aimed at reducing the out-of-wedlock childbearing rate will have no effect whatsoever. The single most important question to consider, then, is whether out-of-wedlock births are the result of unwanted pregnancies. Only by knowing the answer to this question can the potential effectiveness of family planning services be determined in reducing out-of-wedlock childbearing rates.

To this end, the mothers in our study were asked whether or not they had hoped to get pregnant. Their answers revealed quite conclusively that for the majority of them pregnancy was not a hoped-for event, let alone a planned one. Of the 319 unmarried mothers who answered this question, 217 or 68 per cent reported that they had not wanted to get pregnant; 32 or 10.0 per cent said that it hadn't mattered to them one way or the other; and 70 or 22 per cent said they had actually been hoping to get pregnant *(Table 4:2)*.

TABLE 4:2

Desire for Pregnancy Among
Unmarried Mothers

Desire for Pregnancy	**Unmarried Mothers** (319) Percentage
No, Didn't Want To Get Pregnant	68.0
Didn't Care One Way Or The Other	10.0
Yes, Hoped To Get Pregnant	22.0
TOTAL	100.0
Refused to Answer	(1)
No Information	(26)

The unmarried mother's occupation prior to the pregnancy had a significant effect on whether she hoped to get pregnant. Over 80 per cent of those in school did not want to get pregnant, compared to 64.7 per cent of those who were employed and 53.8 per cent of those at home *(Table 4:3)*. The larger percentage hoping to get pregnant in the last group is explained in part by the fact that more of these women were living in common-law relationships of some length and, together with their common-law husbands, had decided to have a child. Of the total number of women known to be living common law prior to their pregnancies (49), approximately 70 per cent said that they had been hoping to get pregnant, or didn't care; the corresponding figure for the remainder of the women who had not been living common law was 24.8 per cent.

The age of the mother was also significantly related to whether the pregnancy was wanted. Three-quarters of those below the age of 17 had not wanted to become pregnant compared to approximately two-thirds of the 20-24 year-olds and less than one-third of those 25 years of age or more. On the other hand, just 14.5 per cent of those 17 years of age or less had hoped to become pregnant compared to 19.3 per cent of the 17-19 year-olds, 23.8 per cent of the 20-24 year-olds and 57.9 per cent of those 25 years old or more *(Table 4:4)*.

TABLE 4:3

Percentage Distribution of Unmarried Mothers by
Desire for Pregnancy and Occupation
at the Time of Conception

Desire for Pregnancy	**In School**	**Employed**	**At Home**
	(126)	(102)	(91)
Hoped for Pregnancy	11.1	25.5	33.0
Didn't Care	7.9	9.8	13.2
Didn't Want to be Pregnant	81.0	64.7	53.8
TOTAL	100.0	100.0	100.0
No Information (27)			

Chi Square = 19.77, df = 4, $p \leq .001$

Family stability was also associated with the desire to become pregnant. If the mother's parents were divorced, separated, unmarried or one or both parents were deceased, she was more likely to have wanted to become pregnant. Forty-four per cent of the women coming from these families said they had hoped to get pregnant, compared to 26.8 per cent of the women who grew up in homes where both natural parents were present *(Table 4:5)*.

Knowledge of Contraception

Since so many of the unmarried mothers did not want to get pregnant, the next question considered was whether or not they had sufficient information concerning contraceptive methods. To this end, we asked the mothers three questions: with whom they had discussed birth control; whether they felt they had enough information; and whether they had used any forms of birth control prior to their pregnancy.

The findings indicate that, despite the youth of some mothers, being aware of the existence of birth control was not the problem among the unmarried mothers in our survey. Only one woman in the entire sample, a 14 year-old, said that she had not known that there were ways to prevent pregnancy. All the other mothers reported that they had at least some knowledge of contraceptive methods, although we found that the extent of their knowledge varied widely.

TABLE 4:4

Percentage Distribution of Unmarried Mothers by
Desire for Pregnancy and Age

Desire for Pregnancy	Less than 17 Years	17-19 Years	20-24 Years	25 or More Years
	(62)	(150)	(88)	(19)
Hoped for Pregnancy	14.5	19.3	23.8	57.9
Didn't Care	9.7	9.3	11.4	10.5
Didn't Want To Be Pregnant	75.8	71.3	64.8	31.6
TOTAL	100.0	100.0	100.0	100.0
No Information (27)				

Chi Square = 18.24, df = 6, p ≪ .005

Where did their knowledge come from? Not all the possible sources of birth control information were explored but certain major ones were, like doctors, boy-friends, family, friends, teachers, and counsellors. Based on the women's answers, the vast majority of mothers, it seemed, had discussed the subject of birth control with others prior to their pregnancy and in nearly two-thirds of the cases they discussed it with at least two or more of the people just mentioned. Eleven mothers, however, said that they had only talked about it with their friends; 18 said they had discussed it just with their boy-friends; two had talked only to their school counsellor; 17 just to family members and 23 just with their doctors. Forty women, or approximately 15 per cent of the sample, said they had not discussed the subject with any of these people. Presumably, their knowledge came from the miscellaneous information they picked up from the media.

In spite of the fact that two-thirds of the unmarried mothers did not want to become pregnant, an equally large percentage of the sample (65.5) said that the birth control information they acquired had provided them with an adequate understanding of how to prevent a pregnancy. Only one-third of the women studied said that they had not known enough about birth control at the time they became pregnant.

TABLE 4:5

Percentage Distribution of Unmarried Mothers by
Desire for Pregnancy and Family Status

Desire for Pregnancy	**Parents Married and Living Together**	**Family not Intact (Parents Divorced, Separated, Unmarried, One or Both Deceased)**
	(220)	(100)
Hoped for Pregnancy or Didn't Care	26.8	44.0
Didn't Want To Be Pregnant	73.2	56.0
TOTAL	100.0	100.0
No Information (26)		

Chi Square = 8.53, df = 1, $p \leq .005$

If we consider just the 217 unmarried mothers who had not wanted to get pregnant, the proportion who said they had not known enough about contraception increases to 41 per cent. In other words, two out of every five unmarried mothers who did not want to get pregnant said that they had not had sufficient information concerning methods of preventing conception; the remaining three out of every five mothers felt they had known enough *(Table 4:6)*. Consequently, we can conclude that for a sizable proportion of the unmarried mothers who wished to prevent their pregnancies, lack of birth control information was a significant problem.

Age was an important factor among the group of unmarried women who said they had not known enough about birth control; the younger the woman, the more likely that she had an inadequate understanding of the subject. Approximately 42 per cent of the mothers 16 years of age or less fell into this category, compared to 38.0 per cent of 17-19 year-olds, 27.3 per cent of the 20-24 year-olds and 15.8 per cent of those 25 years of age or greater. The educational level attained by the mothers was also

TABLE 4:6

Adequacy of Birth Control Information for Married Mothers,
Unmarried Mothers Who Hoped for Their Pregnancy
and Unmarried Mothers Who Did Not
Want to Get Pregnant

Adequacy of Birth Control Information	**Unmarried Mothers Mothers Who Did Not Want To Be Pregnant**	**Unmarried Mothers Who Hoped To Be Pregnant Or Didn't Care**	**Married Mothers**
	(217)	(102)	(307)
Yes, Knew Enough	58.5	80.4	94.2
No, Didn't Know Enough	41.0	19.6	5.5
Don't Know	0.5	-	0.3
TOTAL	100.0	100.0	100.0
No Information	(27)		(19)

important, although this was quite closely tied to the age factor: 37.7 per cent of those with less than a Grade 10 education said they did not have sufficient knowledge compared to 36.0 per cent of those with some High School, 24.5 per cent of the women who had a completed High School education, and 16.7 per cent of those with some university or a complete university training *(Table 4:7)*.

TABLE 4:7

Knowledge of Pregnancy Prevention Among Unmarried Mothers at the Time of Conception by Age, Education and Occupation

Age of Mothers at the Time of the Child's Birth	**Knew Enough About Contraception**	**Didn't Have Enough Information**
	(209) Percentage	(110) Percentage
Less Than 17 Years of Age	58.1	41.9
17-19 Years Old	62.0	38.0
20-24 Years Old	72.7	27.3
25 Years Old or More	84.2	15.8
Education of Mothers at the Time of the Child's Birth		
Less Than Grade 10	62.3	37.7
Partial High School	64.0	36.0
Completed High School	75.5	24.5
Some University or Completed University Education	83.3	16.7
Occupation of Mothers at the Time of the Child's Birth		
Attending School	53.2	46.8
At Home	68.1	31.9
Employed	78.4	21.6

No Information (27)

Closely linked to these two factors was the mother's occupation at the time she became pregnant. If she had been attending school, for instance, she was more likely to have had insufficient knowledge (46.8 per cent) than if she had been employed (21.6 per cent) or had been at home (31.9 per cent).

Those characterized by a lack of knowledge were not distributed evenly in all parts of the province. For example, over half the women from Cape Breton and Cumberland Counties said they had not had sufficient knowledge and information about contraception whereas in counties like Yarmouth, Shelburne, Lunenburg and Pictou the vast majority said they had known enough.

Neither the religious background of the mothers nor the fact that they resided in a rural or urban area had any effect on knowledge about birth control.

If the young woman had not talked to anyone about birth control or if she had only discussed the subject with a friend or a family member then she was much more inclined to feel that she did not have sufficient information. When she had talked to a number of people she was likely to feel that she had known enough prior to her pregnancy.

The third question directed at knowledge and familiarity with birth control methods asked the mothers if they had ever used a method of contraception; the answers they gave were quite unexpected. Nearly 50 per cent of the unmarried mothers in the study had used a form of birth control at some time and in most cases this had been the oral contraceptive. Even among the two-thirds of the sample who had not wanted to get pregnant, over 40 per cent said they had used birth control at some time, and again the vast majority of these (approximately 80 per cent) had used the pill.

As we would expect, a greater percentage of the younger women had never used a method of contraception. Approximately 80 per cent of the mothers 16 years of age or less said they had never used birth control compared to 54.7 per cent of the 17-19 year-olds, 36.4 per cent of the 20-24 year-olds and 30.0 per cent of those 25 years of age or more. Half of the women in this latter age group had used birth control at one time but had stopped *(Table 4:8)*.

It is often thought that preventing unwanted pregnancies can be accomplished simply by making contraceptives more readily available than they are at present. But the fact that such a large percentage had actually had access to birth control and had even used it meant that the reasons for contraceptive failure were much more complex than we previously had imagined. Why, after all—when they didn't want to get pregnant, when they knew about contraception, and when many had even used it before—did they still get pregnant? The answer to this question forms the basis of the section to follow.

Barriers to Contraception—The Mother's Explanation

To repeat, approximately two out of every three unmarried mothers reported that they neither planned nor hoped to get pregnant, even though all but one mother had at least some knowledge of contraception and the majority felt they knew all they needed to know about birth control. The obvious question then was, why did they get pregnant? What barriers were operating which prevented them from using some means of birth control or which prevented them from using it effectively? In the

TABLE 4.8

Birth Control Use by Unmarried Mothers Prior to Their Pregnancy by Age

Use of Contraception	Less than 17 Years	17-19 Years	20-24 Years	25 Years of Age or More
	(62)	(150)	(88)	(20)
Had Never Used Birth Control	79.0	54.7	36.4	30.0
Had Used Birth Control but Stopped	8.1	24.0	40.9	50.0
Yes, Used Birth Control or Sometimes Used Birth Control	12.9	21.3	22.7	20.0
TOTAL	100.0	100.0	100.0	100.0
No Information (26)				

discussion to follow we will consider the mothers' answers to these questions, but only for those 217 women who did not want to become pregnant.

The reasons given for becoming pregnant fell into ten major categories. It is important to note, however, that these broad classifications have led to some oversimplification of what very often was a complex interplay between a number of different factors. In order to understand such a large quantity of data, we attempted to identify the major or underlying reason for contraceptive failure and to summarize these into as few categories as possible *(Table 4:9)*.

Of the ten major reasons for contraceptive failure, psychological factors played the biggest role, accounting for 31 per cent of the responses. To persons acquainted with the literature on contraceptive failure, the

TABLE 4.9

Barriers to Contraception Identified in the Group of 217 Unmarried Mothers Who Did Not Want to Become Pregnant

Barrier to Contraception	Percentage of Mothers (217)
Psychological Factors	31.0
Dissatisfaction or Apprehension About Existing Methods of Birth Control	25.6
Misuse or Inconsistent Use of Birth Control	11.3
Irregular or Infrequent Sexual Activity	8.8
Pregnant Using Contraception	7.8
Inadequate Communication Between Doctor and Patient	4.9
Related to Age and Consent	3.9
Religious or Moral Objection	2.4
No Knowledge	0.5
Other Factors	3.8
TOTAL	100.0

variety of psychological factors we found will be quite familiar. For instance, there were mothers who denied the possibility or risk of pregnancy; mothers who feared the negative reactions of their parents; others who were either embarrassed or shy about broaching the subject with doctors or family, or felt guilty or ashamed about what raising the subject of contraception might imply about themselves; and finally, still others who simply procrastinated going to a doctor.

Dissatisfaction or apprehension about existing methods of birth control also played a large part and was the reason given by 25.6 per cent of women for not using contraception. In some cases the women had used birth control at one time, but because of a variety of side effects, stopped; others had not had any personal experience with contraceptives but were afraid of the effects it might have on their bodies and health.

In approximately 12 per cent of cases, misuse or inconsistent use of birth control accounted for the pregnancy. In 8.8 per cent of cases, the fact that the women engaged in sexual activity infrequently or irregularly served as a barrier to contraception. About 8 per cent of the women said they became pregnant while using contraception. In these cases, the ineffectiveness of the birth control method was reportedly at fault. Approximately 5 per cent failed to prevent their pregnancy because of what can only be referred to as inadequate communication between doctor and patient. Another 3.8 per cent did not use birth control for a variety of different reasons, e.g., boy-friend refused to let the woman use contraception; boy-friend said he was sterile, etc. Approximately four per cent did not use contraception because they were quite young and either their parents refused to supply the necessary consent or the doctor himself refused to give a prescription; 2.4 per cent did not use contraception because of moral or religious objections to birth control. Finally, one person did not use birth control because she was unaware that such a thing existed.

In order to understand more fully the nature of these prohibitory factors, each is considered in detail in the following discussion.

The Psychological Factors: *(Table 4:10)* Thirty-one per cent of the unmarried mothers who did not want to become pregnant cited psychological reasons for neglecting to protect themselves against pregnancy. In approximately 40 per cent of these cases, the women either denied or did not think about the risks they were taking. The denial syndrome is best illustrated by the following statements: "It can't happen to me", or, "Pregnancy happens to other girls—not me" and is a persistent and unrealistic denial of the almost inevitable consequence of unprotected sexual activity. The following comments were typical:

> *"I didn't bother getting any (birth control); I didn't think I'd get pregnant."*
>
> *"I just didn't bother getting anything. I didn't think it could happen to me."*
>
> *"It took so long to get pregnant I just didn't think it would happen. I just thought I'd be lucky and not get pregnant."*
>
> *"It didn't dawn on me at a[illegible] I would get pregnant."*
>
> *"I was just one of those who thought it couldn't happen to me. Just figured I was too smart."*

In addition to the women who denied the possibility of pregnancy, there were 21 women who told us that they had either been too shy and embarrassed to talk about such a personal subject, or they felt too guilty and ashamed about having pre-marital sex to have talked about it with a doctor or parent. The following are some of their comments:

> *"I was scared to go to the doctor. I didn't know what to say to him."*

TABLE 4.10

Psychological Barriers to Contraception Identified
in the Group of Unmarried Mothers Who Did
Not Want to Get Pregnant

Type of Psychological Barrier	Number	Percentage
De[illegible]	25	39.7
Embarrassment, Shame	21	33.3
Fear of Parents and/or Doctor's Reaction	13	20.6
Procrastination	4	6.4
TOTAL	63	100.0

"When I was only 12, I didn't want to talk to Mom about that sort of thing."

"I didn't like to go to the doctor. I couldn't get the nerve up because I wasn't married. I've gone to him since I was a child and just couldn't go and ask him for the pill—too nervous. I don't like the nurse either and she's always there when you're in his office."

"I was scared to go to the doctor. I just couldn't go and ask for something. I told the doctor I was pregnant over the phone. I couldn't face him at first. I even told my father over the phone."

"It was the process of asking for it—hard to get an appointment because they're so busy and then asking for it is difficult—because of the doctor's attitude—doctors are older and a bit condescending."

"I was too embarrassed to go up and ask the doctor for the pill. I felt guilty for having pre-marital relations. This was the only thing. I wasn't afraid of side effects or anything."

"I was too shy, I guess, mostly. I was too shy to see the doctor. I didn't want him to know that I was having sexual relations. I thought he might tell my parents."

"I intended to use contraception, but I put off going to the doctor because I was nervous."

"I was too shy to ask for it. No other reason. I wasn't afraid of side effects or anything."

"I guess I'm shy. I was too shy to go. I was four and a-half months pregnant before I went to the doctor."

A further 13 mothers said that they had been afraid of what their parents would do or say to them if they found out they were using birth control. As a result, they continued to have sexual relations but did not use any method of contraception since this might be discovered by their parents. These women were somewhat younger on average compared to the entire group of women who did not want to get pregnant. Almost all of them said they had not known enough about birth control prior to their pregnancy.

"I was scared to tell my mother and father that I wanted birth control . . . I was scared they'd find out if I went on the pill."

"I couldn't take the pill home. My grandmother is against girls going on it. She says that if you go on the pill you're tempted to have sex with anyone. She'd be really mad if I went on it. When my cousin went on it she got mad."

"I did think about it. My father wouldn't hear of me going on the pill. I was scared to take it because he got mad when I talked about going on it."

"My mother didn't believe in it because she said it would make a girl look for sex. I didn't want to go against her."

"I talked a little bit about it to my mother. I was too scared to actually go and get it. I was scared of what my mother would say. I didn't want to disappoint her. I thought she would think I was going to fool around. I was afraid to go and get it from the doctor. If he had just given it to me, I would have used them."

"My father would kill me. He was against it. He figures sex is for after marriage. I was afraid he would find out if I took the pill."

Procrastination was the one remaining psychological factor. Each woman who cited this factor knew the risks she was taking and apparently was not prevented from obtaining birth control for any reason except her own tendency to put things off.

Dissatisfaction and Apprehension About Existing Methods of Contraception: After psychological factors, dissatisfaction or apprehension about existing methods of birth control was the most common barrier to effective contraception. Of all the unmarried mothers who did not want to get pregnant, approximately 26 per cent gave this reason for their failure to take any precautions against pregnancy.

Half of these women had never used contraception before. The other half had, but not necessarily at the time they became pregnant. In the group that had not used contraception there was an astonishing variety of misunderstandings concerning its effects. For example, ten of the mothers said they thought they would develop cancer if they used oral contraceptives; others said that it would poison their bodies; cause miscarriages, deformed babies, infertility, blindness, shorten their life expectancy; cause growths in their stomachs, and destroy their reproductive organs. At the same time, however, a number of concerns were expressed which were quite legitimate ones in terms of the known side effects and complications associated with certain forms of birth control. For example, mentioned were weight gain, blood clots, and subsequent strokes; and the long-term and unknown consequences of "the pill". These women were somewhat younger than average and, in spite of the false information reported by many, nearly half said they had known enough about birth control prior to their pregnancy.

Among the group of mothers who had used contraception at some time and quit, a wide range of the known side effects were reported as being the basis for discontinuing its use. For example: weight gain, headaches, nausea, dizziness, high blood pressure, irregular periods, blood clots and between-period bleeding were cited. Those who had used IUD's complained of allergies, infections and general discomfort. It seemed initially that an unusually large percentage of the women in our study who had used oral contraceptives had experienced side effects. In fact, this percentage does not differ substantially from the general population of women who take oral contraceptives. As a group, these women were older than those classified in any of the other nine categories of reasons for failure to prevent pregnancy and, in spite of their familiarity with one form of birth control, their knowledge of alternatives was very limited.

Misuse or Inconsistent Use of Birth Control: Approximately 1[illegible] per cent of the mothers became pregnant, not because they didn't use birth control but because they did not use it correctly or consistently. Twelve of these women had been using oral contraceptives and had missed a number of pills, hence the pregnancy. Two of these women intimated that they had missed taking the pill intentionally - that they had been actually hoping to get pregnant. In 11 cases, the boy-friends of the women had used condoms and, because they were either misused or inconsistently used, a pregnancy resulted.

Pattern of Sexual Activity: In approximately 9 per cent of the cases, the pattern of sexual activity itself acted as a kind of barrier to contraception: it was either episodic or infrequent and the young women simply did not anticipate the need for birth control. In fact, this problem may be much more significant in the young teenage population than suggested by the 9 per cent reporting it here. The fact that few of the very young women in the study were having regular sexual relations, and often did not plan or expect to become involved sexually, obviously mitigated against their obtaining and using birth control. And since they were not having relations regularly they were probably much more inclined to "take a chance" and hope that they would be "lucky" and not get pregnant.

Pregnant Using Contraception: Approximately 8 per cent of the women claimed to have become pregnant while using contraception. Ten had been using the pill and, to their knowledge, had used it correctly, not missing any pills. Two women had used an IUD and because of particular problems with it became pregnant. One woman had used a diaphragm, two had used foam and one person said she had been using the rhythm method. Since we know from studies of the theoretical effectiveness of these latter methods that a certain number of women will get pregnant, the numbers reported here can be expected.

Inadequate Communications Between Doctor and Patient: In 10 cases the pregnancies might have been prevented if there had been better communication between doctor and patient. For example, a couple of women had been changing from one variety of oral contraceptive to another and were not informed about the risks of pregnancy that existed between the time they stopped taking the old prescription and began the new. Two women were not told of the risks of pregnancy when pills are missed. In addition, there were several women who mistakenly believed that they could not get pregnant, therefore never saw a need to use birth control. Each of these individuals had experienced problems with their menstrual cycle at some time and had been informed by their doctors that under the circumstances they could not conceive a child. It is not known whether they left the office with the mistaken understanding that they never could have a child or had experienced a recurrence of the original problems and thought they could not get pregnant at that time. In all these cases, there was obviously a need for a better understanding of contraception on the part of the women.

Related to Age and Consent: Eight young women did not use contraception—either because their parents would not provide the required consent for a prescription for birth control, or the doctor himself refused to give a prescription because of the girl's youth.

Moral and Religious Objections: One of the least-cited reasons for not using birth control was religious or moral objections, a factor in only

2.4 per cent of the cases. Very often it was the parents' objections to birth control which precipitated this response rather than personal conviction. Only one of the mothers said that she personally felt it was wrong.

No Knowledge of Birth Control: The least-cited reason for not using contraception was lack of knowledge. As stated previously, only one woman, a 14 year-old, gave this response.

Other Factors: Approximately 4 per cent of this group of mothers who had not wished to become pregnant gave a variety of reasons for not using contraception—reasons which did not readily fit into any of the other categories discussed so far. For example, one woman said her boy-friend refused to let her use birth control even though she herself did not want to get pregnant; one boy-friend insisted that he was sterile; and, the remainder said they had run out of pills and were unable to refill their prescription for various reasons.

Barriers to Contraception—General Problems

So far, the discussion on contraceptive failure has been based on the self-reported reasons the mothers gave for either not using birth control or not using it effectively. Based on their comments, a number of major and recurring barriers to effective contraception were identified, for example: fear of side effects from the pill; denial of the risk of pregnancy; fear of parental reaction, and so on. But, in addition to these self-reported problems, an analysis of the mothers' responses revealed a number of more general and perhaps more deeply rooted problems which seem to be accounting for the non-use or misuse of birth control. In the remainder of this section a discussion of these general problems is presented.

Lack of Knowledge of Alternatives to "The Pill": The most obvious and perhaps the most significant fact which emerged from the mothers' answers was the large number of women who thought of "the pill" as the only form of birth control. Very often they equated the one with the other assuming that when you are talking about birth control you are talking about "the pill". The question which asked the mothers to elaborate on the reasons why they did not use birth control began with the introductory statement, *"sometimes a woman may have heard quite a bit about birth control and the various methods available . . ."* and then goes on to ask the mother if there was something that had made it difficult for her or which bothered her about obtaining and using birth control. In view of the fact that the question began with a reference to the alternative methods available, it was rather surprising to find that a very large number of the mothers answered this question exclusively in terms of why they hadn't used the pill or why it hadn't been effective, e.g.: *"I was too embarrassed to ask my doctor for it," "I was afraid my mother would find the pills"; "I was afraid of what it would do to my body"*, and so on. When efforts to obtain the pill failed, when side effects were experienced, or when the parental reaction was thought to be too negative, etc. the woman apparently just abandoned the idea of protecting herself against pregnancy.

Whenever the mothers answered the question exclusively in terms of the pill, the interviewer followed, as often as possible, with a question about alternative methods of birth control. Two significant findings were made. The first was that, apart from the pill, most of the mothers knew very little about contraceptive methods. Some mentioned the IUD; others talked about spermicidal foam, condoms, and rhythm. But, by and large, the response was the same: *"I don't know much about those other things."* Therefore, it appeared that the "adequate knowledge of birth control" reported by so many of the mothers simply meant that: yes, they knew about the pill; they knew where to get it; they knew that it prevented pregnancies; they knew that you usually take a pill each day for a specified number of days. Therefore, they felt that they knew everything they needed to know about preventing pregnancies. And, of course, they did if such things as side effects, fear of side effects, guilt, embarrassment, requirement of parental consent, etc., were not acting as prohibitory factors. But since these factors did stand in the way of pill use, lack of knowledge about how to prevent a pregnancy was, indeed, a serious problem in this population of women—in spite of the mothers' claim to the contrary.

The second point concerning alternative methods of birth control was the mistaken notion that other methods are not reliable at all. Somehow the message that many of the mothers in our study had received about birth control was that the pill was the only sure method of contraception and that anything else, instead of being just somewhat less effective, was not effective at all. Furthermore, using anything besides the pill was seen by a good many women as completely unacceptable. The alternatives to the pill, when they knew of them, were considered ineffective, embarrassing, dangerous and antiquated, depending upon the method in question.

Incomplete Knowledge of the Use and Effects of Oral Contraceptives: The second general problem concerns the women's knowledge of the oral contraceptive itself. Here a number of specific problems were identified. First of all, there was a pervasive concern for possible side effects from oral contraceptives. This was expressed by the great majority of mothers, both married and unmarried, regardless of whether they wanted to get pregnant or not. Much of this concern was justified in light of the known side effects caused by the pill use and the unknown consequences of long-term use. However, there was also considerable concern which did not have a basis in fact. The individuals who expressed this concern were very young, and probably were reporting the stories which had been passed back and forth among their friends more for their sensational quality than for their basis in truth. Examples include the following claims: the pill causes deformed babies, destruction of internal organs, blindness, and so on. As much as anything else, this kind of concern was the result of a basic lack of understanding of the reproductive processes of the body and, in particular, how the oral contraceptive alters those processes.

A second problem was the often inadequate information that the young woman was given concerning use of the pill. Some mothers had not been aware that you can get pregnant during the first month on the pill while others felt that there was always a one or two month safe period after they stopped using the pill. Also, changing from one kind of pill to another sometimes created a problem because the women did not know they could get pregnant at that time.

Several young women in the study had actually started using oral contraceptives to either regulate their menstrual cycle or to eliminate the cramping experienced during menstruation. However, the necessary steps to ensure contraception were not explained. At some later time the girl became involved sexually, believing that she had almost 100 per cent protection against pregnancy. But, as happened with a number of women in the study, pills were missed without the woman realizing the risk of pregnancy that this created.

Actually, this problem did not apply just to those who began the pill for menstrual-related problems. There were others who were prescribed the pill for contraceptive purposes who were also not told of the risk of missing pills. Therefore, lack of knowledge about how to take the pill; the risk of missing pills; what to do in the event that pills were missed; and not knowing when one can be absolutely sure that one is protected against pregnancy, were all problems insofar as they resulted in unwanted out-of-wedlock pregnancies among the women in our sample.

Lack of Understanding of the Sexual Functions of the Body: A third problem was the rather widespread lack of knowledge concerning the sexual functioning of the body. In particular, there appears to have been very little understanding of what the fertile period is, when it occurs, and the signs which indicate its occurrence. In addition, since many of the women did not understand what occurs during the normal menstrual cycle, they had very little understanding of how the various contraceptive methods affect that process. Without that understanding it was easy to see how some of the women in the study assumed that they could not or would not get pregnant.

Preventing the Out-of-Wedlock Pregnancy

Based on the number of women who said they did not want to get pregnant, we could estimate that family planning services might have been potentially effective with two out of every three unmarried mothers in the study. But not wanting to be pregnant did not necessarily mean that these individuals would have actually used birth control. Concern for the negative effects of birth control may have been too intense; fear of family disapproval may have been too strong; or religious or moral objections may have been too great. What remained to be done in our analysis was to try to make a more realistic estimate of the numbers of unwanted out-of-wedlock pregnancies that might have been prevented.

To this end, we asked those mothers who did not want to get pregnant if they would have used a method of birth control if it had been given to them prior to their pregnancy. Although we anticipated that there would be a great variety of reasons why the woman did not use birth control at that time, we guessed that many of these would become unimportant or irrelevant if the birth control was made more accessible. Indeed, their answers indicate that this could have been the case. In spite of the many reasons they gave for not using contraception, approximately 85 per cent of the 217 women who had not wanted to be pregnant said they would have used a method of birth control if it had been made readily available; 34 of these women made some conditions or qualifications on using it, however. Of the remaining mothers, 5.1 per cent said they were unsure about whether they would have used it, and 9.7 per cent said they knew they would not have used contraception even if it had been given to them *(Table 4-11)*.

The reservations that these women had, their uncertainties and their reasons for thinking they would not have used birth control have been touched upon already, so only a brief discussion is required here. The 34 women who had reservations said things like: *"Yes, I would have used it if I was sure it was safe"; "Yes, if the doctor explained it to me"; "Yes, if I knew more about it"; "Yes, if I was sure there would be no side effects"; "Yes, but not the pill"; "Yes, if suggested by my mother or doctor"*, and so on. Those who said they were unsure whether they would have used contraception expressed many of the same concerns.

The mothers who said they definitely would not have used birth control also had many of the same anxieties. Some said they would not have used it because they were too worried about its effect on their body. One mother said she could not have used it because her family would have been too much against it. There were the women who mistakenly believed they could not get pregnant; therefore, under the circumstances, they would not have used it. Finally, there were three women who said they would not have used it for religious or moral reasons.

The critical point was, however, that 185 of the mothers said they would have used birth control if it had been easy to obtain. This meant that over half of the 319 out-of-wedlock pregnancies (contraceptive information was gathered on only 319 unmarried mothers) might have been prevented had birth control been more readily accessible. Again, we must restate that this is only an estimate based upon what the

TABLE 4:11

Percentage Distribution of Mothers Who Did Not Want to be Pregnant by Whether They Would Have Used Birth Control

Would You Have Used Birth Control?	**Percentage of Mothers** (217)
Yes	68.2
Yes, But With Reservations	17.0
Unsure	5.1
No	9.7
TOTAL	100.0

mothers reported nine months after the birth of their out-of-wedlock child. Whether they actually would have used birth control prior to their pregnancy is not certain. But previous programs established in some United States cities which make contraceptives and contraception education readily available, resulted in dramatic declines in the teenage out-of-wedlock childbearing rates. Therefore, we feel that our estimate of the percentage of pregnancies that could have been prevented may be a fairly reasonable one.

One final note needs to be made concerning the accessibility of birth control. Earlier in the chapter, we indicated that many of the unmarried mothers studied had actually used birth control at some time prior to their pregnancy—as many as 40 per cent of those who did not want to be pregnant, for example. Yet, in answer to the question we have just been discussing, 85 per cent of this same group stated that they would have used birth control immediately prior to their pregnancy if it had been readily available. The contradiction seems striking and, at least initially, raised doubts about the validity of the mothers' answers to this latter question. However, there was an explanation for this apparent contradiction which suggested that, in spite of former contraceptive use, the mothers might, in fact, have used birth control prior to their pregnancy. For example, many of the mothers who had used birth control before, but not immediately prior to becoming pregnant, nevertheless said they would have used it if some of the following conditions had been met: if they could be assured that it was safe; if they could be assured that there would be no side effects; and if they were provided with something other than the pill. This latter condition was particularly important. Most of the mothers who used birth control before, had used the pill. Because of side effects or concern about the consequences of pill use, they eventually discontinued its use. No alternative methods of birth control were tried because the mothers either did not know of them or doubted their effectiveness. Therefore, many of the mothers, who had used oral contraceptives at one time and quit, still felt they would have used some alternative method of contraception had it been available.

PERIOD FOLLOWING THE BIRTH OF THE CHILD

Use of Contraceptives

At the time of the second interview, fully three-quarters of the women in the unmarried mother sample were using birth control. A further 5.6 per cent said they used it sometimes and just 18.6 per cent said they were not using it at all. Of those mothers who were married by that time, or were living common law, 85.8 per cent were using contraceptives. A slightly smaller percentage of the single mothers—70.1 per cent—made use of contraceptives, however *(Table 4:12)*. In terms of age, the youngest mothers seemed to be running the least risk of a second pregnancy. Among the women who had been less than 17 years of age when their child was born, 82.3 per cent were using contraception compared to 72.8 per cent of the 17-19 year-olds, 75.3 per cent of the 20-24 year-olds and 70.0 per cent of those 25 years of age or more.

At the third contact with the mothers, a slightly smaller percentage used contraception (66.9 per cent) than at the time of the second interview. A larger percentage said they only sometimes used birth control (13.7 per cent) and a similar percentage said they weren't using it at all (19.4 per cent). Approximately the same percentage of single mothers used birth control at the second and third contacts but smaller percentages of the married and common-law mothers were using it at the

TABLE 4:12

Percentage Distribution of Unmarried Mothers Using Birth Control at the Second and Third Contacts by Marital Status

Birth Control Use	**Child Approximately 9 Months Old**		**Child Approximately 18 Months Old**	
	Married or Common Law	Single, Separated or Divorced	Married or Common Law	Single, Separated or Divorced
	(113)	(207)	(115)	(184)
Not Using Birth Control	7.1	25.1	13.0	23.4
Sometimes Using Birth Control	7.1	4.8	21.8	8.7
Using Birth Control	85.8	70.1	65.2	67.9
TOTAL	100.0	100.0	100.0	100.0
No Information	(26)		[illegible]	

third contact compared to the second. It was likely that by this time many of these women were planning a second pregnancy now that their first child was approximately eighteen months old.

Subsequent Pregnancies

Forty-seven of the 299 unmarried mothers who completed all three phases of the study (15.7 per cent) had another pregnancy by the time their first child was approximately eighteen months old. Forty-five of these women had been pregnant once, and two had been pregnant twice. This amounted to a total of 49 subsequent pregnancies among the women in the unmarried mother sample. By the eighteen-month period, 14 new babies had been born, 23 women were pregnant, 8 women had suffered miscarriages and 4 had their pregnancies ended by a therapeutic abortion *(Table 4:13)*.

The largest percentage of the women who had subsequent pregnancies had married (40.8 per cent); slightly less than a third were living common law, and approximately one-quarter were still single. In all, there were only 13 single women who became pregnant again after the birth of their first out-of-wedlock child. In four cases, the second baby had already been born by the end of the study and had been kept by the mother, and in five cases the mother had not yet delivered. In addition, two of the mothers had experienced a miscarriage and three had ended their pregnancy with a therapeutic abortion. One of these mothers had been pregnant twice and had both a miscarriage and an abortion.

TABLE 4:13

Outcome of Subsequent Pregnancies by Marital Status of the Mother

Marital Status	Second Baby Born	Pregnant At Third Interview	Miscarriage	Abortion	Total	Percentage
Married	5	12	2	1	20	40.8
Common Law	5	6	4	-	15	30.6
Single	4	5	2	3	14	28.6
TOTAL	14	23	8	4	49	100.0

Of all the women who were married and living with their husbands at the final study interview, 35.3 per cent had a subsequent pregnancy. By comparison, 21.9 per cent of those living common law had a further pregnancy, but only 7.3 per cent of the single mothers had been pregnant again *(Table 4:14)*.

The mothers who had abortions obviously had not wanted to be pregnant. But we asked the mothers who were pregnant at the second interview and those who were pregnant at the third interview whether they had wanted this new pregnancy. At the second contact, 10 mothers knew they were pregnant. Of these, four said they had planned the second child; four said they had not wanted this pregnancy; and two said it hadn't mattered. At the third contact there were 23 mothers expecting their second child; of this group, 10 said they wanted to be pregnant, 10 said they did not, and three said it didn't matter one way or the other. Altogether, there were nine women who had not wanted to be pregnant again who also had not wanted their first child.

TABLE 4:14

Subsequent Pregnancies among Unmarried Mothers by Marital Status at the Eighteen-Month Interview

Incidence of Subsequent Pregnancies		**Married**	**Common Law**	**Single**	**Separated/ Divorced**
		(51)	(64)	(179)	(5)
	Number	Percentage	Percentage	Percentage	Percentage
No Subsequent Pregnancies	(252)	64.7	78.1	92.7	60.0
One or More Further Pregnancies	(47)	35.3	21.9	7.3	40.0
TOTAL	(299)	100.0	100.0	100.0	100.0

Need For Further Birth Control Information

All but 65 of the 299 unmarried mothers sought more birth control information after the birth of their child. In the majority of cases, the mothers spoke to their doctors although advice was also sought from family and friends.

At the second contact, 35 of the 299 mothers said they would like more birth control information and by the third contact, there were just 23 mothers who expressed a need for further information. Therefore, it would seem that, although there was still a need for contraceptive information among some of the mothers, the majority had responded to the experience of having one out-of-wedlock birth by taking the necessary precautions to prevent a second one.

SUMMARY

Although a criterion for inclusion in the study was that the newborn of each mother must be her first child, approximately one out of every 10 unmarried mothers had a previous pregnancy that was not brought to term. Slightly more than 50 per cent of these pregnancies were ended by a therapeutic abortion, and nearly 50 per cent were ended by a spontaneous abortion. Even though many of the mothers who had an abortion had been psychologically troubled by the experience, there did not appear to be any immediate cause-and-effect relationship between the loss of the first pregnancy and the occurrence of the second.

The majority of the unmarried mothers had neither wanted nor planned their pregnancies. Mothers who were young, who had been in school when they became pregnant, and who came from homes where their parents were married and living together were most likely not to have wanted the pregnancy.

All but one of the unmarried mothers had some knowledge of birth control but, of those who had not wanted to become pregnant, 41 per cent felt they had not known enough. Again, the youngest mothers and those who had been in school when they became pregnant were less likely to have had adequate birth control information.

Nearly half of the mothers in the study had used a method of birth control at some time prior to their pregnancy. Even among those who had not wanted to get pregnant, over 40 per cent had used some form of contraception. In the majority of cases, oral contraception had been used.

In determining why these women got pregnant when they had not wanted to and when many actually had experience with contraception, ten major categories of reasons were identified. Psychological factors such as denial of the risk of pregnancy, embarrassment, and fear of parental reactions played the biggest role. Dissatisfaction, or apprehension about existing methods of birth control, was the second most common factor causing failure to use contraception. Other reasons included the misuse or inconsistent use of birth control; infrequent sexual activity; poor communication between the mothers and their doctors who prescribed contraceptives; ineffectiveness of the birth control itself; problems with obtaining parental consent for prescriptions for contraceptives, and moral and religious objections.

In addition to the self-reported reasons for failing to prevent their pregnancies, a number of more general problems were identified. Few mothers knew of methods of birth control other than oral contraceptives and, even then, many mothers had only an incomplete knowledge of the proper use of the pill. There was also a widespread lack of knowledge among the unmarried mothers of the reproductive functioning of the body and how the different contraceptive devices affect that process.

In spite of the many problems which reportedly prevented the mothers from obtaining and using birth control, fully 85 per cent of those who had not wanted to get pregnant said they would have used birth control prior to their pregnancy if it had been more readily accessible. We have estimated, therefore, that out of the [illegible] of mothers over half of the pregnancies might have been prevented.

The experience of one out-of-wedlock birth had considerable impact on the contraception practices of the unmarried mothers following the birth. The majority of the mothers sought birth control advice after their child was born; most were using contraceptives at both the nine- and eighteen-month period; and in only 13 instances, was there a second pregnancy among the women who were still single at the conclusion of the study.

5 THE DECISION TO KEEP

Because of the unmarried mothers' youth, single status, and the many uncertainties about the stability of single parent units, the decision that unmarried mothers make about their babies has always been a source of concern to child welfare agencies. One of the fears is that a decision to keep the child may not be made with sufficient planning and forethought or with enough involvement and support from the girl's family. A goal of this study was to learn more about the decision-making process. In particular, we wanted to find out whether other alternatives such as abortion, adoption and marriage were considered; whether the mothers made the decision themselves or received advice and guidance from others; whether their decision had the support of their families; whether the material and financial implications were considered before the choice was made; and whether the decision was made early enough to allow time to plan and prepare for the child.

The answers to each of these questions form the basis of this chapter and are organized around three broad topics which refer back to the pregnancy period: the alternative solutions to the pre-marital pregnancy; the involvement of professionals; and the final decision—the decision to keep the child.

THE ALTERNATIVE SOLUTIONS TO THE PRE-MARITAL PREGNANCY

The Abortion Alternative

For the majority of unmarried mothers in the study, abortion was evidently not seen as a solution to their pre-marital pregnancy. For some, as we discussed in the preceding chapter, the pregnancy was planned so abortion had no relevance; others had strong moral or religious objections resulting in outright rejection of the idea; but it appeared that for the majority of mothers a strong emotional attachment to the new life growing inside them was formed very soon after their pregnancy was confirmed, and this made abortion an increasingly unacceptable option.

Only 11 per cent of the unmarried mothers studied, or approximately one out of every ten, said they considered abortion at all. Of these, only 16 women (less than 5 per cent of the total sample) took actual steps toward obtaining one. Four of these 16 women had their requests for abortion turned down because their pregnancy had advanced beyond the 12-week limit normally used in the province as a cut-off point for performing the abortion procedure. Four women were below the age of legal majority and were unable to obtain an abortion because their parents either refused to give their consent or the mothers expected that they would never consent to it and did not ask. An additional four women went through all the preliminary steps but when it came to actually going to the hospital they found that they could not go through with it. Three women were eventually persuaded by others or decided with others not to have the abortion. The one remaining woman apparently did not seek medical advice but repeatedly and unsuccessfully tried to bring on an abortion herself.

In addition to these 16 women who took some steps to terminate their pregnancies, there were 21 more who gave at least some thought to this alternative. Almost half of them said that it was not a serious consideration, however. It was something that they had thought about in the early stages of the pregnancy when they were still quite confused and worried about what they were going to do, but it was not something that they considered seriously. The remainder of the women thought about abortion but did not pursue it for a variety of reasons: three had a previous abortion and felt they could not go through it again; a girl-friend of one of the mothers in the study had a bad experience with abortion; two dropped the idea after the baby's father offered support and assistance; one said she was pushed into thinking about abortion against her own wishes; one felt it wasn't the morally right thing to do; one mother contemplated it only after there was some fear that the fetus might have been harmed by X-rays; one thought about it because she feared what her parents' reaction would be when she told them she was pregnant; and one woman said that she had thought about abortion only until she realized that she was quite capable of raising a child herself.

The contemplation of abortion as a solution to the pre-marital pregnancy was unrelated to factors of age, education or school attendance. Education did have an effect on whether the abortion was attempted, however. The more education the woman had, the more likely she was to have taken steps toward getting an abortion.

For the most part, any evidence suggesting that the decision to keep had been carefully made, that different alternatives had been weighed, and that negatives and positives had been accounted for, was interpreted as a positive sign so far as the future stability of the family unit was concerned. One exception was the contemplation of abortion. The fact that so few of the mothers in the study considered this alternative, and fewer still tried to obtain an abortion, suggested that even though many of the pregnancies had been unwanted, they were not so disturbing to the mothers, as to make them want to rid themselves of the child. Therefore, the adjustment and commitment to becoming a parent would probably be more favourable than if abortion had been a solution that the mothers would have preferred.

The Adoption Alternative

A second option open to the single pregnant woman is adoption, but only a minority of the unmarried mothers in our study considered this alternative. In all, 82 women or approximately 25 per cent of the sample said they considered it. However, a somewhat larger number—104 women, 30.4 per cent of the sample—actually discussed the possibility with someone else. Evidently, some of the 104 women did not accept it as a desirable solution.

In the majority of cases, the women said they talked about adoption with members of their own family, generally with their mothers or, to a lesser extent, with grandparents, aunts or sisters. Following the woman's mother, the baby's father was the second single most important person to be consulted; professionals assumed a somewhat lesser role; and friends of the mother were involved least often *(Table 5:1)*.

TABLE 5:1

Persons Consulted by the 104 Unmarried Mothers
Who Discussed Adoption

Persons Consulted	**Number of Mothers** (104)*
Family Members	64
Baby's Father	37
Social Worker	23
Other Profesionals, e.g., Doctor, Nurse, School Counsellor	26
Friends	7

* *The column total exceeds 104 as in many cases a woman spoke to more than one person.*

The adoption plan was, of course, eventually rejected by these mothers and their reasons for not selecting that option were varied *(Table 5:2)*. The largest number (28 women) expressed general doubts and misgivings about adoption and its outcome. These doubts took many forms: for some, it was the fact that they would never know who was looking after their child or where the child was; for others, there was anxiety about whether the child would go to a good home; whether it would have loving parents; or whether it would be cared for properly. One mother felt that she would experience feelings of guilt if she gave her child up for adoption; others felt that their children might eventually experience anxiety about not knowing who their real parents were and why they had not been kept.

The answers from the second largest group (25 women) seemed to indicate that their rejection of adoption lay in the fact that it went against the natural maternal feelings they were experiencing. In many cases, their answers were brief, offering little detail. However, a sense that normal maternal feelings made adoption unacceptable was conveyed not just in their answers to this question but to others which dealt with the decision to keep. This is in contrast to the next largest group (17 women)

TABLE 5:2

Reasons For Not Choosing Adoption Reported by the 104 Unmarried Mothers Who Discussed This Option

Reason for not Choosing Adoption	**Number of Mothers**
General Doubts and Misgivings About Adoption	28
Wanted the Child— Went Against Natural Maternal Feelings	25
Question of Rights	17
Influence of Baby's Father/Parents	10
Adoption is Wrong	7
Capable and Suited for Parenting	7
Compensation for Hardships of Pregnancy	3
Concrete Objections to Adoption	2
Don't Know	5
TOTAL	104

who said that they dismissed the possibility of adoption because, to them, keeping their own child was a matter of individual rights. Their focus was on their natural rights rather than strictly emotional feelings or attachment to the child.

Of the remaining women, ten said that their initial plans for adoption were dropped because either their family, the baby's father, or both, wanted them to keep the baby. Other mothers expressed doubts about the morality of such an action. Wasn't it wrong to surrender your child? Didn't the child, too, have a right to be with its natural mother? Some of the women eventually felt adoption was unnecessary since they believed they would be quite capable of raising and providing for the child themselves. Some felt that keeping the child would provide compensation for the difficulties and pain of pregnancy and childbirth. Finally, two mothers had objections to adoption based upon personal experience. In one case, the mother had been brought up by her grandparents; she did not find out who her real mother was until she was a teenager and never knew who her father was. This experience had caused this woman considerable trauma and she was most definite that she did not want the same thing to happen to her own child. In the second case, the baby's father had been raised in a succession of foster homes and the mother did not want their child to experience the same unhappiness that had been characteristic of the father's life.

Slightly more of the younger mothers, and slightly more of those who were in school, considered adoption but the differences between the other age groups of women were not statistically significant. The educational level of the mother had no effect at all. However, it was interesting that, of those who said they had discussed the possibilities of adoption but had not necessarily considered it, age and school attendance were important. If the mother was young or attending school, she was more likely to have discussed adoption or, perhaps more appropriately, to have had someone take up the subject with her. Among the mothers who were less than 17 years of age at the time of their child's birth, approximately 40 per cent discussed adoption. The corresponding figures for the 17-19 year-olds was 33.7 per cent; for the 20-24 year-olds, 24.0 per cent; and for those over 25 years of age, 5.0 per cent. Considering school attendance, approximately 40 per cent of the mothers in school discussed adoption, compared to 24.4 per cent of those who were either employed or at home.

The Marriage Option

A third course available to the single pregnant woman is marriage. We asked the mothers, at the time of the second interview when 317 women were contacted, if they had wanted to marry the baby's father during their pregnancy. Of the 317, only about a third (114 women) said they wanted to get married whereas over half (178 women) said they preferred to stay single. Of the remaining 25 mothers, some refused to answer the question but the majority were unsure about their feelings at that time. Regardless of whether the mother wanted to be married or not, one significant factor was noted: a large number had, at best, only a tenuous relationship with the child's father.

The Preference for Marriage: Although we are discussing marriage as one alternative, for many of the woman who said they wanted to marry it was not truly an option. In nearly a third of the cases, the baby's father refused to marry and in seven cases he was already married *(Table 5:3)*. Where the father refused to marry the young woman, we identified three patterns based on the comments the women made. There were those whose relationship with the baby's father lacked emotional commitment; there were cases in which the responsibilities of parenting literally "scared" the father off; and there were instances in which the father of the child rejected the possibility of marriage either because of an earlier marriage failure, or because he "didn't believe in marriage".

In addition to the cases where the father refused to have any part of marriage, there were 22 women who said they eventually rejected the idea of marriage because they had not been getting along with the baby's father. In a further 13 cases, the woman's family, the father's family, or both, objected to the marriage. In some instances, one of the families refused to give their consent to the marriage. In other cases, the girl's family did not approve of the child's father and vetoed the marriage or, alternatively, the father's family objected to the woman in question and discouraged any effort on the part of the young parents-to-be to get married.

Other mothers who had wanted to marry said that economic considerations eventually made them change their minds. In most of these cases, the baby's father did not have steady employment—one father was still in school and two were in jail. As well, their youth, the fact that they might be rushing too quickly into marriage, and uncertainty about their feeling towards the child's father were reasons given by some of the mothers for not marrying.

Preference for Single Parenthood: Approximately 56 per cent of the women stated that they had no wish to marry the child's father during their pregnancy. The majority of them had concrete reasons for their feelings and a summary of their answers is presented in *Table 5:4*.

As with the women who wanted to marry, poor relations with the child's father figure prominently among the reasons why this second group of women did not marry. Of 178 women, 34 told of a relationship characterized by incompatibility and quarrelling. In many cases, drugs and alcohol had a role in creating a rift between the expectant couple. Even the most cursory look at their comments led us to conclude that marriage under these circumstances would have had little chance of succeeding.

TABLE 5:3

Reasons for Not Marrying Among 114 Mothers
Who Said They Wanted to Get Married

Reason For Not Marrying	**Number of Mothers**	**Percentage**
Baby's Father Didn't Want To	35	30.7
Poor Relationship With Baby's Father	22	19.3
Family Objected	13	11.4
Not Realistic or Feasible	13	11.4
Baby's Father Already Married	7	6.1
Not Ready - Not Prepared For Marriage	6	5.3
Decided to Wait	5	4.4
Wanted to be Sure Relationship Would be Positive	4	3.5
Rejected Idea of Marriage Because of Pregnancy	2	1.7
Wanted to - No Explanation Why Not	1	0.9
Other	6	5.3
TOTAL	114	100.0

Approximately 16 per cent of the women said they had no desire to get married because being pregnant was not sufficient reason to enter into such a permanent arrangement with someone else. For some, marriage was regarded as something which would only mean more problems and more adjustment at a time when they felt they already had more than enough to handle. For others, it was more a matter of pride: they did not want people to think that the baby's father was being forced into a marriage because of the baby.

Approximately 15 per cent of the women said they did not want to get married during their pregnancy because they did not feel ready for marriage. Their youth was the biggest factor. Another 14.1 per cent

TABLE 5:4

Reasons Given by 178 Unmarried Mothers For Not Wanting to Marry During Their Pregnancy

Reasons for Not Wanting to Marry	**Number**	**Percentage**
Poor Relationship with Baby's Father	34	18.6
Rejected Idea of Marriage Because of Pregnancy	28	15.7
Not Ready - Not Prepared for Marriage	27	15.2
Just Didn't Want To - No Further Explanation	25	14.1
Didn't Care for Baby's Father Enough	16	9.0
Not Reasonable or Feasible	13	7.3
Oppose Idea of Marriage	9	5.6
Had Other Plans for Self and/or Boy-friend	8	4.5
No Rush - Content Living Common Law	7	3.9
Wanted to be Sure Relationship Would be Positive	4	2.2
Family Objected	2	1.1
Embarrassed About Obviously Pregnant Condition	2	1.1
Baby's Father Already Married/Engaged	3	1.7
TOTAL	178	100.0

stated that they had not wanted to get married, but did not elaborate. When questioned about their feelings many simply stated again that they had no desire to get married, but could not or would not say why.

A number of women said they did not marry the baby's father because they felt no love or emotional attachment to him. Their responses were quite similar to those which were included in the "poor relationship with baby's father" category except that these women did not mention any specific negative aspects in their relationship with the baby's father—only that love and an emotional commitment were lacking.

Thirteen women said that they did not want to marry because it was not a realistic or feasible solution to their situation. Their comments were similar to those who were coded in the "Not ready—not prepared for marriage" category. The major difference was that the women in this group focused on a number of problems: their youth, insufficient financial support and lack of employment prospects; while those in the "not ready" category stressed the single fact of age.

Nine women were opposed to the idea of marriage per se. In some instances their attitudes grew out of the bad marital experiences of other family members. In other cases, the women simply wished to avoid a situation in which they felt they would be dominated by their husband.

The remainder of the women had a variety of reasons for not wishing to marry. Educational and career plans were a concern for some. Uncertainty about their relationship with the baby's father, parental objections, embarrassment about their physical condition and a preference for common law status were other reasons given.

A Summary of the Options Considered

Of all the options, except that of keeping and raising the child as a single parent, marriage appears to have been the most frequently considered. Approximately a third of the mothers said they would have preferred this option to single parenthood. But many factors interfered. In some cases, as we have discussed, the child's father refused to marry; in other instances the mother's youth, the instability of her relationship with the child's father, her poor financial prospects, or her hesitancy about rushing too quickly into marriage eventually tipped the balance away from this course of action.

The majority of the mothers did not entertain the idea of marriage at all during their pregnancy. They opted for single parenthood rather than marriage for a variety of reasons, ranging from incompatibility with the child's father to embarrassment about the idea of marrying in an obviously pregnant condition.

Adoption was the second most frequently considered alternative. Yet only one-quarter of the mothers said they seriously thought about this option although a somewhat larger percentage had discussed it at some time during their pregnancy. Doubts about the adoption home and developing maternal feelings caused many to eventually reject the idea.

Abortion was the least favoured option. Whereas only one in ten mothers considered it at all, only one in twenty actually took steps toward obtaining an abortion and, of these, it appeared that just nine mothers would have gone through with it if they had had the opportunity.

THE INVOLVEMENT OF PROFESSIONALS

We asked the unmarried mothers if they had sought professional advice when they were trying to decide whether or not to keep the child. This advice could include discussions about some of the potential problems of keeping the child, for example: having sufficient money to live on; finding adequate yet affordable accommodations, and so on; or it could have been advice about placing the child for adoption. The mothers were also asked what kind of advice they had received from each professional person they had contacted and the extent to which they had found the advice helpful. Those women who had not sought professional advice were questioned about their knowledge of this kind of assistance and their reason for choosing not to make use of it.

Consultation With Professional Persons

Only one out of every four unmarried mothers in the study said she did consult a professional person at some time before the birth of her baby. Doctors were consulted most often, followed by hospital social workers, social workers employed by the offices of the Provincial Department of Social Services or Children's Aid Societies, welfare workers with the Municipal Social Assistance program, nurses, clergy, school counsellors and other counsellors.

In most cases, these people discussed the options with the young woman and left the final decision to her. This was the case with 68 per cent of the doctors, 88 per cent of the hospital social workers, 56 per cent of the social workers employed by Children's Aid or the Department of Social Services, 100 per cent of the welfare workers and 67 per cent of the nurses (there were so few persons among the remaining professional groups that percentaging is misleading). There were some individuals from each professional group, except the welfare workers, who advised keeping the child. But, generally, only a small minority advised this alternative and abortion was reportedly advised by only one person of all the professionals consulted. Placing the child for adoption, however, was recommended by approximately 33 per cent of the social workers employed by the Children's Aid or the Social Services Department; by nearly 15 per cent of doctors, nurses and clergymen, but by none of the other professional groups.

Many of the young women indicated that they found their discussions with professionals helpful. They were judged to be so by approximately 60 per cent of those who spoke with doctors, 71 per cent who spoke to hospital social workers, 67 per cent who spoke with nurses and 86 per cent who spoke to clergy. The exception was that only 29 per cent of those who spoke to social workers employed by the Department of Social Services or the Children's Aid Societies found the advice helpful. It must be noted again, however, that a greater number of this professional group reportedly advised placing the child for adoption—advice that obviously was not well received.

The women less than 17 years of age were most likely to have consulted a professional compared to those in the other age groups but, even then, slightly less than a third did so. As well, the least well-educated were the least likely to have consulted a professional; contacts increased with the educational level of the mother.

No Professional Consultation

The majority of the unmarried mothers (75 per cent) did not seek the advice of professional persons while they were making a plan for their babies. Over half of them (56 per cent) said they didn't know that this service was available and, although the remaining 44 per cent were aware it existed, most were unclear about who was actually providing the service. The largest percentage could not name any places where this kind of assistance was available. Other mothers mentioned counsellors, homes for unmarried mothers, doctors or nurses, social workers and the Children's Aid Societies.

Most of the women who knew that professional help was available said they did not seek it because they had already made up their minds to keep their child. In addition, one mother said she feared that they would force her to give up her child; one mother said she was too shy to approach a stranger with her problem; and one mother said she just didn't know how to go about getting help.

THE FINAL DECISION - THE DECISION TO KEEP THE CHILD

When the Decision to Keep Was Made

Most of the unmarried mothers studied decided very early in their pregnancy to keep and raise their child. In all, approximately 71 per cent said they decided immediately after they discovered that they were pregnant or, in those cases where the pregnancy had been planned or at least hoped for, there had really been no decision to be made. Approximately 19 per cent of the mothers waited until later in their pregnancy and the remaining 9.5 per cent left the decision until the last moment. Half of those mothers who waited until the end decided to keep just before their baby was born and the other half waited until after the birth. There was one mother who had taken her child home with her from the hospital but was still uncertain about whether she would retain custody or give the child up for adoption.

The younger mothers were less likely to have made the decision immediately after their pregnancy was confirmed. Still, well over half of those less than 17 years of age (61.3 per cent) decided to keep at that time. More of the younger mothers waited until the last moment, either just before the baby was born or just after: the actual percentage for those less than 17 years of age was 14.5, compared to 10.4 per cent of the 17-19 year-olds, 6.9 per cent of the 20-24 year-olds and 4.8 per cent of those 25 years of age or more *(Table 5:5)*.

If the mother had been living common law prior to the birth of her baby then she was more likely to have decided to keep her child right after the pregnancy was confirmed. Of the 57 mothers known to have been living with the baby's father prior to the birth of their child, 85.9 per cent said they made their decision early in the pregnancy or else the baby had been planned and no decision was needed. This is in comparison to 68.5 per cent of those who had not been living common law.

Help in Making the Decision

Sixty per cent of the unmarried mothers said that they made the final decision to keep their child themselves whereas 40 per cent said it had been a joint decision made with others closely involved with their situation. None of the mothers said they had been forced to keep their child or had been pressured into it. The mothers' age did not have any clear effect on this. Approximately 71 per cent of the women who had been 25 years of age or more at the time of their child's birth said they made up their minds themselves compared to 63 per cent of those 16 years of age or less, 60.4 per cent of the 20-24 year-olds and 57.1 per cent of the 17-19 year-olds.

Consultation with Others

Even though the majority of mothers said they made their decision themselves, only 18.5 per cent said that they decided to keep their child without consulting anyone else. A further 10.6 per cent said they discussed it solely with family members; 14.7 per cent consulted only the baby's father; less than one per cent consulted only friends; however, the majority (55.3 per cent) consulted more than one person *(Table 5:6)*.

The older the woman, the more likely she was to make her decision without seeking advice, whereas the younger women tended to discuss it

TABLE 5:5

Percentage Distribution of When the Decision to
Keep Was Made by Age of the Mothers

Time Decision Was Made	Less Than 17 Years (62)	17-19 Years (162)	20-24 Years (101)	25 Years or More (21)
Following Discovery of Pregnancy, or Planned Pregnancy	61.3	68.6	79.2	85.7
During Pregnancy	24.2	21.0	13.9	9.5
Just Before Birth or Just After	14.5	10.4	6.9	4.8
TOTAL	100.0	100.0	100.0	100.0

with several people. Of the three women who just consulted friends, one was 17, one was 25 and one was 29 years of age.

The baby's father was consulted by nearly two-thirds of the mothers—more often than any other single person. This was followed by the woman's mother who was consulted in 53 per cent of the cases; friends, who were consulted by 37 per cent of the mothers, and other family members who were consulted in 30 per cent of cases. The woman's father was involved least often—in only 25.5 per cent of the cases.

Age had an important bearing on whether the advice of specific individuals was sought. For example, the younger the mother, the more likely she was to have talked with the child's father; the figures are 70.5 per cent for those under 17 years of age; 65.2 per cent for those 17-19 years old; 60.4 per cent for those 20-24 years old; and 41.2 per cent for those 25 years of age or greater. The younger the woman, the more likely she was to have also consulted her mother: 71.2 per cent of those less than 17 years of age consulted their mothers compared to 56.2 per cent of the 17-19 year-olds, 42.1 per cent of the 20-24 year-olds, and 37.5 per cent of the women 25 years of age or more. Consultation with the mothers' fathers and other family members did not show the same age difference although there was a slightly greater tendency for the younger women to have discussed their situation with friends.

TABLE 5:6

Persons Consulted About the Decision to Keep the Child

Persons Consulted	Number	Percentage
No one	63	18.5
Family Only	36	10.6
Baby's Father Only	50	14.7
Friends Only	3	0.9
Two or More of the Above	188	55.3
TOTAL	340	100.0
No Information	(6)	

If the mother was in school at the time of her pregnancy, then her own mother was much more likely to have been involved in the decision process: the figures are 66.4 per cent of those in school compared to 45.6 per cent of those employed or at home. Friends were also more apt to be involved if the girl was attending school. However, this relationship did not hold for involvement of the baby's father, the girl's father or other family members.

Advice Given

When others were involved in the decision-making process or at least made their opinion known, they appear to have felt that the unmarried mother should keep the child. A greater percentage of the fathers of the children took this position than any other person (80.2 per cent), whereas the girl's mother was least likely of all other persons to advise keeping (66.1 per cent). The girl's mother was more likely than any others to advise giving up the child for adoption; the child's father to advise abortion; and the girl's father to have left the decision to his daughter *(Table 5:7)*.

Not unexpectedly, the older the daughter, the more likely her mother was to advise keeping the child. Still, 58.3 per cent of the mothers of girls 17 years of age or less reportedly advised keeping the child. The situation was quite different when it came to the child's father. A larger percentage of them advised keeping in the group of mothers aged 17 years or less than any other: the figures are 93.2 per cent of those mothers less than 17 years of age; 77.9 per cent of those 17-19 years old; 76.1 per cent of those 20-24 years old and 80.0 per cent of those 25 years or more. This situation was much the same when it came to the mother's friends: 93.3 per cent of the mother's friends advised keeping in the group less than 17 years of age, compared to 76.7 per cent of the 17-19 year-olds; 76.2 per cent of the 20-24 year-olds and 55.6 per cent of those 25 years of age or more.

Influence on the Decision to Keep

We noted earlier that a majority of the mothers (60 per cent) said they made the decision to keep the child themselves. This fact was brought out again when we asked the mothers how influential their families, the child's father and their friends had been on the decision they made. Apparently there had been no influence at all by 58.5 per cent of the girls' mothers, 73.4 per cent of their fathers, 70.7 per cent of other family members, 51.9 per cent of the children's fathers and 73.3 per cent of their friends *(Table 5:8)*.

Of all these people, the baby's father was clearly the most influential. Slightly more than a third of the mothers said he had a strong influence on their decision and a further 13 per cent said he had a moderate influence. The girl's mother was the second most influential person with 41.6 per cent evidently having had some impact on their daughter's decision. The influence of the girl's father or other members of her family and of her friends was quite similar in that only slightly more than 25 per cent of them were reported to have had any influence at all.

TABLE 5:7

Advice Given by Persons Involved in the Decision-Making Process

Advice Given	Mother	Father	Other Family	Father of the Child	Friends
	(231)	(146)	(166)	(248)	(168)
Keep the Child	66.1	73.8	77.6	80.2	78.4
Give up for Adoption	9.6	5.5	7.9	5.6	4.8
Have an Abortion	3.0	2.1	1.2	5.3	0.6
Undecided	9.6	9.6	7.9	5.3	9.6
Left Decision to Mother	6.5	7.6	3.6	1.6	4.8
Initially to Give Up - Then to Keep	1.7	1.4	-	0.4	-
Initially Keep - Then Give Up	-	-	0.6	0.4	-
Advised a Number of Different Options	3.5	-	1.2	1.2	1.8
TOTAL	100.0	100.0	100.0	100.0	100.0
Deceased	(11)	(26)	(1)	-	-
Not involved with decision	(104)	(174)	(179)	(98)	(178)

Degree of Support

We asked the mothers at the time of the first interview how their families, friends and the child's father felt about their decision to keep their child once they were home with their babies. Their answers indicated that, although some of these individuals may have had earlier doubts and objections to it, the vast majority of those who were involved with the mothers' situation now supported the decision. In all, 89.2 per cent of the girls' mothers were reported to be completely supportive as were 81.6 per cent of their fathers, 87.3 per cent of other family members, 86.5 per cent of the babies' fathers and 85 per cent of the women's friends. Of those who were not supportive, the babies' fathers were most frequently mentioned but, even then, only in approximately 7 per cent of the cases *(Table 5:9)*.

Consideration of the Problems of Single Parenthood

In order to determine how much thought the mothers had given to the potential difficulties in being a single parent we asked whether they had considered anything during their pregnancy which has made them think they should give up their child. Approximately 60 per cent of the mothers said they had not. However, the younger mothers were more likely to have contemplated different problems that would result. But,

TABLE 5:8

Degree of Influence of Specific Individuals on
the Unmarried Mothers' Decision

Degree of Influence	Mother	Father	Other Family	Father of the Child	Friends
	(325)	(296)	(336)	(336)	(337)
Strong Influence	26.5	16.9	14.8	34.8	16.8
Moderate Influence	15.0	9.7	14.5	13.3	9.9
No Influence	58.5	73.4	70.7	51.9	73.3
TOTAL	100.0	100.0	100.0	100.0	100.0
Deceased	(11)	(26)	(1)	-	-
No Answer	(10)	(24)	(9)	(10)	(9)

even then almost half of the women 16 years of age or less, (48.4 per cent), and close to 60 per cent of those 17-19 years of age said there had been nothing which led them to think they should not keep and raise their child themselves *(Table 5:10)*.

In all, only 40 per cent of the sample said they had worried about the consequences and effects of their decision. Not unexpectedly, the most frequently mentioned concern was financial; the women who spoke of this were anxious about whether they would have enough money to support and raise a child. Other mothers were concerned about their youth, their capability of providing adequate care and a satisfactory home for their child, and their ability to cope with the responsibilities of parenting. A number of mothers said that they were worried by the loss of

TABLE 5:9

Degree of Support Received After the Child Was Brought Home by the Mother

Degree of Support	Mother	Father	Other Family Members	Father of the Child	Friends
	(297)	(215)	(268)	(245)	(247)
Completely Supportive	89.2	81.6	87.3	86.5	85.0
Mainly Supportive	7.7	11.8	9.3	3.7	10.5
Mixed, Equally Supportive and Non-Supportive	2.0	2.6	2.6	2.9	3.6
Mostly Negative, Does Not Really Support Decision	0.3	0.9	0.7	1.2	0.4
Completely Negative, Not Supportive at All	0.7	3.1	-	5.7	0.4
TOTAL	100.0	100.0	100.0	100.0	100.0
Deceased	(11)	(26)	(1)	(1)	-
Not Involved With Situation	(38)	(105)	(77)	(100)	(99)

freedom which they knew parenthood would cause and still others were troubled by the effects of the stigma of illegitimacy on their child. The disruptive effect of out-of-wedlock parenthood on their school careers and on the stability of their families worried some of the mothers. There were also a few women who said they had been concerned whether they would be able to find a place to live, whether they would have any luck finding steady employment, and whether they could be adequate mothers in view of the fact that they would have to work outside the home to support themselves and their child. The specific numbers who cited each of these problems are presented in *Table 5:11*.

Mothers' Feelings About the Need for Assistance

Plans and Preparations for the Child: The mothers in the study were asked whether they felt they had enough help and guidance in making plans and preparations for their unborn child. The vast majority of them (90 per cent) said they felt they had enough. Just 10 per cent of the women felt they would have liked more assistance. Most of the mothers in this latter group expressed a need for financial aid. Others said they would have liked help in finding accommodations, buying things for the baby, finding a job and applying for financial assistance.

Although most mothers felt themselves to be adequately prepared, our interviewers did not share this view. There was an overwhelming conviction on the part of all the interviewers that many of the unmarried

TABLE 5:10

Consideration of Future Difficulties by Age of the Unmarried Mothers

Consideration of Difficulties	Less than 17 Years	17-19 Years	20-24 Years	25 Years or More	Total
	(62)	(162)	(101)	(21)	(346)
None Considered	48.4	58.6	60.4	85.7	59.0
Some Difficulties Taken into Account	51.6	41.4	39.6	14.3	41.0
TOTAL	100.0	100.0	100.0	100.0	100.0

Chi-square = 9.16, df = 3, p < .02

mothers had not planned sufficiently or made adequate preparations for their children. The uncertainty about their financial future and the failure to look ahead much more than a year, led the interviewers to agree that there was, indeed, a very great need among the mothers for additional help and guidance in planning for their children.

Learning How to Care for the Child: We also asked the mothers what they did during their pregnancy to learn more about caring for a newborn child. Did they feel they had enough child-care instruction and, if not, what information or instruction would they have liked?

Approximately 18 per cent of the mothers (63), said they made no effort to learn about child care. Of these, 55 felt they could rely on their babysitting experience. A further 19 women sought the advice of their mothers or other family members; two talked to friends; 16 relied on

TABLE 5:11

Consequences of Keeping the Child Considered by Unmarried Mothers During Their Pregnancy

Types of Problems Considered	**Number of Responses***
Financial Concerns	43
Inability to Provide Adequate Home and Care	29
Loss of Freedom	20
Too Young	15
Effect on Schooling	14
Effect on Family	11
Stigma of Illegitimacy	6
No Place to Live	6
Ability to Find or Keep a Job	5
Responsibility of Parenting	4
Possible Health Problems of Child	3
Inability to be a Full-time Mother	3
Other	7
No Problems Considered	203

* *The column total exceeds 346 as in many cases a woman considered more than one problem.*

what they could read about child care; two relied on what they had learned from a child-care course given in the public school system, and four depended on what they picked up in prenatal classes. The majority of the mothers, however, obtained child care advice from more than one source: 39.9 per cent from two sources and 29.2 per cent from three or more sources *(Table 5:12)*.

Nearly 30 per cent of the mothers said they were not able to learn enough about infant care prior to the birth of their child and that some additional instruction would have been helpful. The majority expressed a need for training in general infant care although some mentioned a desire for more instruction specifically on how to bathe and feed a newborn child, and how to recognize the signs of ill-health.

TABLE 5:12

Percentage Distribution of Unmarried Mothers by Source of Child-Caring Advice

Source of Advice	Number	Percentage
None	8	2.3
Relied Solely on Babysitting Experience	55	16.0
Sought Advice Solely From Mother or Other Family	19	5.5
Sought Advice Solely From Friends, Other Mothers, Acquaintances	2	0.6
Sought Information Solely From Written Material	16	4.7
Relied Solely on Child-Caring Course	2	0.6
Relied Solely on Prenatal Classes	4	1.2
Relied on a Combination of Two of the Above	137	39.9
Relied on a Combination of Three or More of the Above	100	29.2
TOTAL	343	100.0
No Information	(3)	

SUMMARY

Many, although not the majority of the unmarried mothers, did consider other alternatives to keeping and raising their child themselves. Approximately one-quarter considered adoption and a third preferred marriage. Only a very small number considered abortion, however. This was considered to reflect a more positive attitude to parenthood than if abortion had been the preferred option.

Only about one-quarter of the mothers sought the advice and guidance of professionals. The younger women were more likely to have talked with professionals but, even then, approximately two-thirds of those 16 years of age or less did not. In most cases, the professionals merely discussed the woman's situation with her leaving the final decision to her. The mothers reportedly found professional assistance quite helpful. Among those who did not seek professional help, there was a substantial lack of knowledge about the kind of service that was actually available.

All but 18.5 per cent of the mothers consulted persons close to them about whether or not they should keep the child. The younger the woman was, the more likely she was to have consulted two or more individuals.

When family, friends or the baby's father were involved in the decision-making process they evidently felt, as the young mother did, that she should keep her child. However, most of the mothers said they made the final decision themselves and that in the majority of cases others had not had an influence on the choice they made.

There does not appear to have been much thought given to the consequences of the decision and its effect on the mother's own future and that of their child. The younger women were more likely to have considered possible negative consequences but, still, almost half of the women 16 years of age or less and approximately 60 per cent of the 17-19 year-olds said they had never considered anything which led them to think they should give up the child.

In spite of their failure to consider the consequences, the vast majority of the mothers reported that their families, friends and the baby's father (when they were involved with their situations) supported their decision to keep the child once they had brought their baby home from the hospital.

PART III

THE EIGHTEEN-MONTH EXPERIENCE

6 LIVING ARRANGEMENTS AND QUALITY OF ACCOMMODATIONS

One of the primary aims of the study was to determine how stable the lives of the unmarried mothers were over the eighteen-month period in which the project was carried out. In this, and the subsequent three chapters, we have considered this question in terms of a variety of areas where impermanence could affect both the quality and comfort of the lives of the unmarried mothers and their children. This particular chapter focuses on two areas of critical importance, the mothers' living arrangements and the quality of their accommodations.

The first part of the chapter considers the living arrangements in terms of: (1) whom the mothers were living with at each phase of the project, (2) the individual patterns of living arrangements over the entire study period, and (3) the extent of residential mobility among the mothers studied. The second part of the chapter considers the type and quality of the mothers' accommodations, their satisfaction with their living arrangements and the problems which they experienced in finding adequate and satisfactory places to live.

Unless otherwise stated, the data presented in this and the following three chapters relates to the 299 unmarried and 295 married mothers who completed all three phases of the study.

LIVING ARRANGEMENTS

One of the most critical decisions the single pregnant girl must make, if she has decided to keep her child, is where she and her baby will live. Unlike most new mothers, she does not have a husband or an established home of her own to return to after the baby is born or, very often, a secure means of support. As a result, this young woman must make an alternate arrangement where, at least, some security is provided. She may decide to live with her family, with the baby's father, or, if she has found a means of self-support, she may live on her own. Which option she chooses very often depends upon the effect of the young woman's pregnancy on her relationship with those close to her. For example, if it has caused a rift between herself and her family then living with them after the child is born may be out of the question. She may be forced to find an apartment of her own or to move in with friends. Alternatively, a young woman who has been on her own prior to becoming pregnant may, as a result of her family's supportive attitude, move in with them after the birth. In the section which follows we have considered the living arrangements the mothers in our study made at each phase of the project and the changes which occurred during the course of the study.

Household Composition at Each Phase of the Study

At each phase of the project the largest percentage of mothers lived with their families. At the first contact, shortly after their babies were born, 59.9 per cent were living with family members; by the time the children were nine months old, just slightly more than half of the mothers (51.3 per cent) were living with family; and by eighteen months, the figure was 43.0 per cent. Figures on these and other living arrangements are presented in *Table 6:1*.

Table 6:1 also indicates which family members the mothers were living with. For example, the largest group lived with both parents; the second largest with just their mothers; followed by those living with siblings and other relatives, and by those who lived just with their fathers.

Common-law unions were the second most frequent living arrangement made by the women in the study although, as with those living with family members, the percentage decreased over the eighteen months following the child's birth. At the first interview 26.7 per cent of the mothers lived with a common-law husband; nine months later 25.2 per cent were living common law, and by eighteen months the figure had dropped to 21.5 per cent. In all but a few cases, the common-law husband was the father of the child.

At our first and second interviews, mothers who lived alone with their babies represented the third most common living arrangement. At the final interview, they represented only the fourth most common. In all, only 8.1 per cent of the mothers studied were alone with their children at the time of our first interview. By the nine-month contact, this percentage had increased somewhat to 11.8 per cent and by eighteen months it had increased still further to 15.4 per cent.

The percentage of mothers who were married and living with their husbands also increased over the study period: 1.7 per cent, 10.7 per cent and 17.1 per cent for each successive phase. The husbands were the fathers of the children in all but one case.

The remainder of the mothers, 1.3 per cent at the first interview, 1.0 per cent at the second, and 2.0 per cent at the third, were living with friends.

Predictably, the mother's age had an important bearing on with whom she was living. In general, the younger mothers were more likely to be living with family and less likely to be either on their own with their children or in a common-law union.

TABLE 6:1

Household Composition at All Three Contacts With the Unmarried Mothers

Household Composition	Immediately Following the Child's Birth (299)	Nine Months After the Child's Birth (298)	Eighteen Months After the Child's Birth (298)
Lived Alone	8.4	11.8	16.4
With Baby	(8.1)	(11.8)	(15.4)
Without Baby	(0.3)	-	(1.0)
Lived With Family	59.9	51.3	43.0
Both Parents	(38.8)	(32.5)	(26.2)
Mother	(12.0)	(10.4)	(9.1)
Father	(1.0)	(0.7)	(0.7)
Siblings	(5.4)	(3.3)	[illegible]
Other Relatives	(2.7)	(4.4)	(3.0)
Lived Common Law	28.7	25.2	21.5
With Baby's Father	(28.7)	(24.2)	(19.5)
With Someone Other Than Baby's Father	-	(1.0)	(2.0)
Married—Lived With Husband	1.7	10.7	17.1
Baby's Father	(1.7)	(10.7)	(16.7
Someone Other Than Baby's Father	-	-	(0.4)
Lived With Friends	1.3	1.0	2.0
TOTAL	100.0	100.0	100.0
No Information	-	1	1

**There was no information on living arrangements for one mother at the second interview, and one mother at the third.*

A further difference was noted in terms of the area in which the mothers resided. Of the unmarried mothers who were on their own, the vast majority were situated in the Halifax-Dartmouth region which is the most urbanized part of the province. Immediately following the birth of the child, 80 per cent of those living alone were located in this area even though all unmarried mothers from the Halifax-Dartmouth region accounted for just 40.5 per cent of the total sample. This percentage did decrease over the study period. By the second interview the figure was 71.4 per cent, and by the third interview it had dropped still further to 61.2 per cent.

Pattern of Living Arrangements

Whereas the preceding section considered the percentage of mothers who lived in any one particular living arrangement at each separate study contact, this section extends the discussion by considering the percentage who lived in a particular arrangement at all three interviews. The former analysis illustrates the group changes which occurred from one study phase to the next; the latter analysis illustrates the individual change which occurred from phase to phase.

In all, nearly two out of every three unmarried mothers studied had the same living arrangements at all three study phases: 37.1 per cent were living with family members at all three contacts; 22.7 per cent were living with the baby's father; and 5.4 per cent lived alone. The remaining one-third of the sample started out either living alone, common law, with family or friends, but had made other arrangements by subsequent phases of the project. A summary of these living arrangement patterns are presented in *Table 6:2*. Only the thirteen most common patterns are presented representing 89.3 per cent of the cases. There was no information on one mother, and the remaining 10.4 per cent (all other combinations) are patterns which occurred only once or twice.

Since there were so many different patterns of living arrangements among the unmarried mothers studied, any discussion of them can become very complex. In the remainder of this section we have tried to simplify the discussion by considering only the three most prominent patterns: living with family, living with the baby's father, and living alone. To broaden our understanding of the mothers' living arrangements we have included in these discussions, whenever possible, reference to the following: the percentage of mothers who lived in each of these arrangements throughout the study period; and the percentage who ever lived in that particular arrangement at any time during the study period.

TABLE 6:2

Pattern of Living Arrangements at All Three Contacts With the Unmarried Mothers

Following the Birth of the Child	Nine Months After the Child's Birth	Eighteen Months After the Child's Birth	Number	Percentage
Alone	Alone	Alone	16	5.4
Family	Family	Family	111	37.1
Baby's Father	Baby's Father	Baby's Father	68	22.7
Common Law	Common Law	Common Law	(46)	(15.4)
Husband	Husband	Husband	(4)	(1.3)
Common Law	Common Law	Husband	(6)	(2.0)
Common Law	Husband	Husband	(12)	(4.0)
Family	Family	Alone	14	4.7
Family	Family	Husband	9	3.0
Family	Family	Common Law	7	2.3
Family	Alone	Alone	7	2.3
Family	Husband	Husband	13	4.4
Family	Common Law	Common Law	6	2.0
Family	Common Law	Husband	3	1.0
Common Law	Common Law	Family	5	1.7
Common Law	Family	Family	5	1.7
Common Law	Alone	Alone	3	1.0
All other Combinations*			31	10.4
No Information			1	0.3
TOTAL			299	100.0

**No single combination occurred more than twice.*

Living With Family: Over one-third of the mothers studied (111 women or 37.1 per cent of the sample) lived with members of their families at all three contacts made during the study period. Of these 111 women, the vast majority—101 mothers—lived with their families throughout the entire eighteen months. As well, an additional 119 women from the total sample of 299 had lived with their families for some period of time during the study and only 78 remaining mothers, or 26.1 per cent of the sample, had never lived with family.

The youngest mothers were most likely to have lived with their families and to have done so continuously. For example, among the mothers less than 17 years of age at the time of their child's birth, 57.1 per cent lived with family continuously and an additional 32.2 per cent lived with members of their family at some time during the study. The percentage of mothers who had never lived with relatives at any time increased with the mothers' age: 10.7 per cent of those less than 17 years of age; 22.9 per cent of the 17-19 year-olds; 39.5 per cent of the 20-24 year-olds and 44.4 per cent of those 25 years of age or more *(Table 6:3)*.

TABLE 6:3

Percentage Distribution of Unmarried Mothers by Age and Pattern of Living with Family

Pattern of Living With Family	**Number**	**Less than 17 Years**	**17-19 Years**	**20-24 Years**	**25 Years or More**
		(56)	(144)	(81)	(18)
Never Lived With Family	(78)	10.7	22.9	39.5	44.4
Lived With Family Continuously	(101)	57.1	29.2	24.7	38.9
Lived With Family For Some Time	(119)	32.2	47.9	35.8	16.7
TOTAL	(298)	100.0	100.0	100.0	100.0
No Information	(1)				

In the section dealing with the living arrangements at each phase of the study, we indicated that 59.9 per cent of the unmarried mothers in the study (179 women) were living with their families following the birth of their children. Of this group, 111 women continued to live with family to the end of the study. Of the remaining 68 mothers who started out with their families, 24 were living on their own at the final study phase; 25 were married and living with their husbands; 14 had begun living common law; two were staying with friends and three mothers were back with their families again after living in some other situation at the time of the second contact.

Living With the Baby's Father: Approximately one out of every five mothers (68 women) lived with the baby's father at each phase of the study. Of this group approximately 68 per cent lived with the child's father in a common-law relationship at each contact. Another 8.8 per cent lived common law at the first and second contacts but had married by the third; 17.7 per cent lived common law at only the first contact but had married by the second; and 5.9 per cent of the group of 68 were married to the child's father at each phase of the study.

Altogether, 126 of the women in the study, or 42.1 per cent, lived with the baby's father during at least one of the study contacts; 108 of these women, or more than a third of the sample (36.1 per cent), were living with the child's father at the study's completion *(Table 6:1)*.

The majority of the women who started out living with the baby's father were still with him at the final contact. In all, 91 women were living with their child's father at the beginning of the study - 86 in a common-law relationship and five in marriage. Sixty-eight mothers, as stated previously, were still with the child's father at each of the subsequent interviews. In addition, three mothers who started out living with the baby's father were back with him again at the third contact after living in some other arrangement at the second interview. Of the remaining 20 women who were living with the child's father at the first interview, five were on their own by the end of the study, eleven were living with family, three had moved in with friends and one woman had married someone other than her child's father.

Living Alone: As indicated earlier, only 16 mothers or 5.4 per cent of the sample were alone with their infants at each of the three study contacts. This represented the third most common pattern of living arrangement made by the women in the study. Of these 16 women, 14 or 4.7 per cent of the entire sample had been on their own for eighteen months. In addition, there were 58 more women who had been on their own for at least some time during the study. The vast majority of the mothers, however, (226 or 75.6 per cent of the sample) had never lived alone with their babies at any time during the eighteen months following the birth of their children.

These figures are presented in *Table 6:4* in terms of the mother's age at the time of the birth. None of the mothers who had been below the age of 17 lived by themselves throughout the study period and only 10.7 per cent had ever lived alone at any time. The vast majority in this age group—89.3 per cent—had always lived with someone else. The percentage of mothers who lived alone throughout the study increased with the age of the mothers: none of those less than 17 years of age; 4.2 per cent among the 17-19 year olds; 7.4 per cent in the 20-24 year old group; and 11.1 per cent among the mothers 25 years of age or more were living alone with their children.

Table 6:1 in the section on household composition at each phase of the study, indicated that 8.4 per cent of the mothers (25) were alone at the first study contact. By the final eighteen-month contact, 19 out of this

TABLE 6:4

Percentage Distribution of Unmarried Mothers by Pattern of Living Alone and Age Groups

Pattern of Living Alone	**Total**	**Less than 17 Years**	**17-19 Years**	**20-24 Years**	**25 Years or More**
		(56)	(144)	(81)	(18)
Never Lived Alone	(226)	89.3	72.9	74.1	72.2
Lived Alone Continuously	(14)	-	4.2	7.4	11.1
Lived Alone For Some Time	(58)	10.7	22.9	18.5	16.7
TOTAL	(298)	100.0	100.0	100.0	100.0
No Information	(1)				

original group of 25 were still on their own; three had moved in with family; one was living common law; one was married and living with her husband; and one was with friends.

Residential Mobility

The fact that two-thirds of the sample had the same living arrangements at each phase of the study suggested that there had been considerable stability among the unmarried mothers. But even though a woman may have had the same living arrangement at each study phase, or even the same arrangement throughout the entire study period, it did not mean that she remained in the same residence all this time. For example, a woman living alone throughout the study may have moved numerous times. Or a woman living with family during the entire study period may have actually moved back and forth among the homes of many different family members. The best indicator of stability in their living arrangements, therefore, is the actual number of residential moves they made.

In general, the unmarried mothers were much less residentially stable during the eighteen months following the birth of their children than were the married mothers. Well over half the unmarried mothers moved at least once during this period (56.8 per cent), compared to only about a third of the married mothers (34.2 per cent). In some instances, the amount of instability among the unmarried mothers was striking. For example, one woman moved more than seven times; three mothers moved six times; three mothers moved five times; nine mothers moved four times; 29 mothers moved three times and 55 mothers moved twice *(Table 6:5)*.

When there was instability, it occurred more frequently among the women who had been in their teens at the time of their child's birth. Thirty-six per cent of the teenage unmarried mothers changed accommodations more than once compared to 28.2 per cent of the mothers over the age of 20. Whereas none of the older women moved more than three times, a total of 8.0 per cent of the teenagers did so. In seven of these cases, they moved more than four times *(Table 6:6)*.

Greater instability was noted among the younger married mothers as well. Although they did not move as frequently as unmarried mothers, they were approximately one and one-half times as likely to have changed accommodations as their older married counterparts, and three and one-half times as likely to have moved more than twice.

TABLE 6:5

Total Number of Accommodation Changes During the Eighteen-Month Period Following the Birth of the Child

Total Number of Moves	Unmarried Mothers		Married Mothers	
	Number	Percentage	Number	Percentage
None	129	43.2	194	65.8
One Move	70	23.4	74	25.1
Two Moves	55	18.4	18	6.1
Three Moves	29	9.7	6	2.0
Four Moves	9	3.0	3	1.0
Five Moves	3	1.0	-	-
Six Moves	3	1.0	-	-
Seven or More Moves	1	0.3	-	-
TOTAL	299	100.0	295	100.0

TABLE 6:6

Percentage Distribution of Unmarried and Married Mothers by the Total Number of Moves and Age of the Mother

Total Number of Moves	Unmarried Mothers		Married Mothers	
	Teenagers	20 Years or More	Teenagers	20 Years or More
	(200)	(99)	(37)	(258)
None	41.5	46.5	48.7	68.2
One Move	22.5	25.3	27.0	24.8
Two Moves	20.0	15.1	16.2	4.7
Three Moves	8.0	13.1	5.4	1.5
Four Moves	4.5	-	2.7	0.8
Five Moves	1.5	-	-	-
Six Moves	1.5	-	-	-
Seven or More	0.5	-	-	-
TOTAL	100.0	100.0	100.0	100.0

BEST COPY AVAILABLE

Considering the amount of residential instability in terms of the living arrangements, it appeared that those who started out with their families were the most stable while those who were on their own at the beginning were the most unstable. For example, of all the mothers on their own at the first interview 76 per cent had moved at least once by the time of the study's completion. By comparison, only 49.2 per cent of those who had been with their families had moved. Those who had been living common law or were already married at the first contact fell in between these two extremes—64.9 per cent of this group moved at least once during the study period *(Table 6:7)*.

Reasons for Residential Changes

Both the unmarried and married mothers cited numerous reasons for changing their places of residence. Although there were some similarities in their explanations, there were other factors which clearly distinguished the two groups of mothers. For example, a larger percentage of the unmarried mothers had been forced, for various reasons, to move from their accommodations; more left for reasons of independence, or because of conflict within their families; and, as expected, a fairly large percentage of mothers moved because they had

TABLE 6:7

Total Number of Moves by Whom the Mother Was Living With Immediately After the Child Was Born

Total Number Of Moves	Living Alone	Living With Family	Living With Husband or Common-Law Husband	Living With Friends
	(25)	(179)	(91)	(4)
None	24.0	50.8	35.1	-
One Move	36.0	19.6	25.3	75.0
Two to Three Moves	28.0	25.1	34.1	25.0
Four or More Moves	12.0	4.5	5.5	-
TOTAL	100.0	100.0	100.0	100.0

married or begun living common law. By contrast, nearly a third of the married mothers moved because they and their husbands had purchased homes.

There were a number of different situations which resulted in the unmarried mothers being forced out of their accommodations. For instance, in some cases the women did not get along with their landlords; others had their public financial assistance discontinued; still others were subletting or had to move because the places where they were living were sold; and others were evicted.

Approximately the same percentage of married and unmarried mothers moved because their accommodations had been inadequate or inconvenient. There were distinct differences between the two groups of mothers, however, in terms of the specific problems that they had found with their previous accommodations. In the married group, the moves had frequently been prompted by a desire for more spacious accommodations—places which would accommodate a growing family. Within the unmarried group, the problems more often were of a serious nature. Examples of the type of problems the unmarried mothers experienced include: poorly heated buildings; overcrowding and cramped living spaces; general disrepair of buildings; infestation of mice and rats; insufficient space and unacceptably long distances from shops, work or family. A summary of the reasons the mothers gave for moving is presented in *Table 6:8*.

QUALITY OF LIVING ACCOMMODATIONS

Description of Accommodations

The accommodation patterns and the extent of residential mobility among the unmarried mothers in the study have indicated that, as a group, they were more unstable over the study period than their married counterparts. The frequency with which these mothers moved and the reasons for making the moves—reasons which more often than not stemmed from poor quality housing—suggested that, in general, their standard of living was considerably below that of the married mothers.

The question of living standards was an important one in the study. One of the concerns which prompted the research investigation was the belief that many unmarried mothers who decide to keep their children end up in marginal and substandard housing. This outcome was considered highly likely because of the mother's youth and her lack of education and skills which, in turn, limit her earning ability. Perhaps the most typical image of all was of the young woman living alone with her child in one room in a rooming house or of a woman forced to live in a dilapidated apartment because that was all she could afford.

Because of the concern about the quality of housing that the unmarried mother could provide for herself and her child, questions were asked which were designed to obtain a comprehensive picture of the standard of her accommodations.

TABLE 6:8

Reasons for Changing Accommodations Among Those Unmarried and Married Mothers Who Moved During the Eighteen-Month Study Period

Reasons for Moving	**Unmarried Mothers** (336 moves) Percentage	**Married Mothers** (220 moves) Percentage
Desire for Independence	14.3	5.7
Inadequacy of Accommodation	25.0	30.7
Inconvenience of Accommodation	13.1	15.0
Family Conflict	6.2	2.2
Bought Own Home	4.5	31.4
Forced to Move	11.6	6.4
Change in Marital Status	17.3	3.6
Required Less Expensive Accommodation	1.2	1.4
Required Help With Child Care	1.8	0.7
To Get Away From Child-Caring Responsibility	0.3	-
Other	4.7	2.9
TOTAL	100.0	100.0

* *The percentages in this table were based on a total of 336 moves among the unmarried mothers and 220 moves among the married mothers for which reasons were given.*

Housing Type: The initial question concerned the type of housing in which the mothers resided and was aimed primarily at identifying the percentage of mothers who lived in rooming houses. Although the unmarried mother appears to have been stereotyped as an isolated individual living alone with her child in a single room in a rooming house, in fact we found very little evidence of this among the mothers in our study. At the first interview, only seven of the mothers studied were living in a rooming house. By the second interview none were, and only one mother was in this kind of accommodation at the final interview *(Table 6:9)*. Furthermore, the mothers who lived in this kind of accommodation were not always alone with their babies. At the first interview, two of these women were living with a common-law husband and one was with a relative. At the final contact, the one mother living in a rooming house also had a common-law husband living with her.

The majority of mothers studied lived in privately owned one-family dwellings at each of the study phases: 62.5 per cent at the first interview; 56.0 per cent at the second; and 52 .2 per cent at the third. Apartments were the second most common type of accommodation: 23.8 per cent of

TABLE 6:9

Percentage Distribution of Unmarried Mothers by Type of Accommodations at All Three Contacts

Type of Accommodation	**Immediately Following the Child's Birth**	**Nine Months After the Child's Birth**	**Eighteen Months After the Child's Birth**
	(299)	(291)	(299)
Private Home	62.5	56.0	52.2
Rooming House	2.3	-	0.3
Trailer	7.0	7.2	5.0
Duplex	4.4	6.9	8.0
Apartment	23.8	29.6	33.5
Other	-	0.3	1.0
TOTAL	100.0	100.0	100.0
No Information	-	(8)	-

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the mothers lived in apartments at the first phase; 29.6 per cent at the second; and 33.5 per cent at the final contact. Altogether, the mothers living in apartments or private homes accounted for approximately 86 per cent of the sample at each study phase. Of the remaining women, most were living in either duplexes or trailers.

In *Table 6:10* a percentage distribution of the unmarried mothers is presented in terms of whom they were living with and the type of accommodations they had at each separate phase of the study. Apartments were the most common type of accommodations among the mothers living alone: 80.0 per cent of these women were in apartments at the first phase, as were 82.4 per cent at the second, and 77.5 per cent at the third. Private homes were the most common type of accommodation of the mothers who were living with family; 76.5 per cent of this group were in private homes at the first interview; 75.6 per cent at the second; and 75.8 per cent at the third. The mothers who were living common law or who had married and were living with their husbands were also more frequently in private homes, but the percentage at each study phase was not as great as those living with family. The figures for this group were 53.8, 44.1 and 46.1 per cent for the three successive study contacts. The most common alternative to private dwellings in this last group of mothers was apartment living.

Accommodation Status: For the study's purposes, the term "accommodation status" refers to whether a person owns their accommodation, boards, rents, or resides in someone else's home without payment. Although this information is primarily descriptive, it does indicate to us whether the mothers in the study were able to begin parenting without having the additional responsibility of paying for their accommodations each month.

At the first study interview, almost half of the unmarried mothers (49.5 per cent) had no accommodation expenses; approximately one-fifth of the mothers were paying board; four per cent of the mothers said they owned their dwelling, (in most cases together with their husbands or common-law husbands); and about one-quarter of the mothers were paying rent (26.8 per cent).

In *Table 6:11* these figures are presented along with the corresponding figures for the two successive study interviews. Although a large percentage of the mothers paid nothing for the accommodations right after their babies were born and, as a result, had a period of time where they

TABLE 6:13

Percentage Distribution of Unmarried Mothers by Type of Accommodation and Whom They Were Living With at Each of The Study Contacts

Type of Accommodations	Immediately Following The Birth of The Child				Nine Months After The Child's Birth				Eighteen Months After The Child's Birth			
	Alone	Family	Husband or Common-Law Husband	Friends	Alone	Family	Husband or Common-Law Husband	Friends	Alone	Family	Husband or Common-Law Husband	Friends
	(25)	(179)	(91)	(4)	(34)	(152)	(102)	(3)	(49)	(128)	(115)	(6)
Private Home	-	76.5	53.8	25.0	8.8	75.6	44.1	-	8.2	77.8	46.1	16.7
Rooming House	16.0	0.6	2.2	-	-	-	-	-	-	-	0.9	-
Trailer	-	6.1	11.0	-	-	7.9	8.8	-	2.0	3.9	7.8	-
Duplex	4.0	5.6	2.2	-	8.8	7.9	4.9	-	8.2	6.6	7.8	-
Apartment	80.0	11.2	30.8	75.0	82.4	8.6	41.2	100.0	77.5	11.7	36.5	83.3
Other	-	-	-	-	-	-	1.0	-	4.1	-	0.9	-
TOTAL	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
No Information							(8)				(1)	

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could adjust to their new role of parent without the additional strain of accommodation expenses, this changed over the course of the study. By the second phase, the percentage of mothers who paid nothing had dropped to 31.6 per cent and at the final contact it had dropped still further to 24.1 per cent. On the other hand, the percentage of mothers who owned their own homes, rented, or paid board increased from the time of the first interview to the last.

In *Table 6:12* the accommodation status of the unmarried mothers is presented in terms of whom they were living with at each stage of the project. Almost all the mothers living alone were paying rent throughout the study: 92.0 per cent, 97.1 per cent and 93.9 per cent at each successive phase. The status of those who lived with their family changed significantly over the course of the study, however. At the first contact, 72.6 per cent of the women living with family did not pay anything; by nine months the figure had dropped to 50.7 per cent and by the final phase it had dropped still further to 44.5 per cent. Instead of living with their families without any costs, an increasing percentage were paying board; 23.5 per cent after the birth, 41.4 per cent at nine months, 46.9 per cent at eighteen months. The accommodation status of the mothers

TABLE 6:11

Percentage Distribution of Unmarried Mothers by Accommodation Status at All Three Study Contacts

Accommodation Status	**Immediately Following the Child's Birth**	**Nine Months After the Child's Birth**	**Eighteen Months After the Child's Birth**
	(299)	(291)	(299)
Rental	26.8	36.8	41.8
Own	4.0	7.2	11.0
Board	19.7	24.4	23.1
Free	49.5	31.6	24.1
TOTAL	100.0	100.0	100.0
No Information	-	(8)	-

TABLE 6.12

Percentage Distribution of Unmarried Mothers by Accommodation Status and Whom They Were Living With at Each Study Phase

Accommodation Status	Immediately Following The Child's Birth				Nine Months After The Child's Birth				Eighteen Months After The Child's Birth			
	Alone	Family	Husband or Common-Law Husband	Friends	Alone	Family	Husband or Common-Law Husband	Friends	Alone	Family	Husband or Common-Law Husband	Friends
	(25)	(179)	(91)	(4)	(34)	(152)	(102)	(3)	(49)	(128)	(115)	(6)
Rental	92.0	3.9	51.[illegible]	75.0	97.1	7.2	59.8	66.7	93.9	7.8	56.5	66.6
Own	-	-	13.2	-	2.9	0.7	18.6	-	4.1	0.8	25.2	-
Board	4.0	23.5	16.5	25.0	-	41.4	6.9	33.3	2.0	46.9	6.1	16.7
Free	4.0	72.6	18.7	-	-	50.7	14.7	-	-	44.5	12.2	16.7
TOTAL	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
No Information							(8)				(1)	

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who were married or who were living common law also changed during the study: smaller percentages were paying board or were not paying anything at the final phase than at the beginning. Instead, more mothers either owned their own homes or were paying rent.

Quality of Housing

Although the type of housing the mothers lived in was better than expected as few mothers were found to be living in rooming houses, that information alone did not tell us a great deal about the quality of the housing. Some additional details about the spaciousness, general condition, and presence of basic amenities in the home was required.

Number of Rooms: A count of the total number of rooms in each mother's dwelling was taken at all three phases of the study in order to provide some indication of the amount of space in the mother's home. This total excluded hallways, vestibules, bathrooms, porches and unfinished basements.

In general, most of the unmarried mothers lived in accommodations which were quite large. For example, at the first interview 62.1 per cent of the mothers lived in homes of five or more rooms; at nine months the figure was 54.3 per cent and at eighteen months, 58.8 per cent. Although a larger percentage of the unmarried mothers lived in homes of five or more rooms at the outset of the study compared to married mothers, over the course of the study the situation reversed. Unmarried mothers moved away from family homes into smaller apartments whereas married mothers increasingly moved into larger and more spacious private homes. At the completion of the study, approximately 75 per cent of the married mothers were living in homes of five or more rooms compared to 58.8 per cent of the unmarried mothers.

Overcrowding: Although the number of rooms in a dwelling provides some indication of the amount of space available for living, it does not take into account the number of persons living within that space, and hence the extent of overcrowding. Overcrowding is assessed by the total number of persons in a household, irrespective of age, divided by the total number of rooms in the dwelling. The exact point at which the home is considered to be overcrowded is difficult to determine. A British study which investigated the social and educational effects of illegitimacy (Crellin, Pringle, West, 1971) used the definition adopted by the Registrar General for the 1961 British census. According to their definition, a child is considered to be in overcrowded conditions if he/she is living in a household with more than 1.5 people per room. Even at that time, however, approximately 20 years before our own study was carried out, that definition was thought to be very out-dated, lagging far behind what was regarded at the time to be acceptable household density levels.

A more recent standard adopted by the Office of Federal Statistical Policy and Standards in the United States has used a level of 1.01 persons per room. It is this standard which was selected as a guideline for our study.

In general, the unmarried mothers in our study lived in much more crowded circumstances than the married mothers. The specific density levels for the two groups of mothers are presented in *Table 6:13*. At the outset, almost two-thirds of the unmarried mothers were in homes that were overcrowded, compared to approximately one-quarter in the married sample. Over the course of the study, many of the married mothers and their husbands had purchased new homes or had moved into larger apartments. As a result, the household density levels in that group of mothers declined steadily and at the completion of the study only 8.8 per cent of the married mothers were living in overcrowded circumstances.

The density levels for the unmarried population declined as well, but at the final phase of the study more than 40 per cent of the mothers were still in overcrowded homes. In some cases, the extent of overcrowding was severe. At the first and second phases of the study over 10 per cent of the mothers lived in homes that had more than 1.74 persons per room and at the final phase 7 per cent of the mothers were living in such extremely crowded circumstances.

The extent of overcrowding was most severe among those who were living with family. At the final phase of the study nearly 60 per cent of the mothers living with family had household density levels equal to, or in excess of, 1.00 person per room. Although 60 per cent of the mothers living alone also lived in overcrowded conditions at the outset of the study, by its completion their situation had greatly improved; only 12.2 per cent of these women were in overcrowded homes at that point. The mothers who had married or were living common law fell in between these two other groups of mothers. At the conclusion of the study, 38.1

per cent of them lived in overcrowded dwellings—less than those living with family but considerably more than those living alone *(Table 6:14)*.

Household Amenities: To further assess the standard of living of each of the unmarried mothers studied, we ascertained which basic household amenities were present in their homes. Such amenities included a private bathroom, a kitchen, a telephone, indoor plumbing,

TABLE 6:13

Percentage Distribution of Unmarried and Married Mothers by Household Density at Each Study Phase

Household Density	Immediately Following the Birth of the Child		Nine Months Following the Child's Birth		Eighteen Months Following the Child's Birth	
	Unmarried Mothers	Married Mothers	Unmarried Mothers	Married Mothers	Unmarried Mothers	Married Mothers
	(299)	(295)	(299)	(295)	(299)	(295)
Acceptable Density Levels	**36.1**	**77.3**	**46.8**	**85.5**	**58.5**	**91.2**
0.01-0.49	(1.3)	(13.6)	(2.7)	(18.0)	(6.0)	(20.7)
0.50-0.74	(17.1)	(34.9)	(22.7)	(41.4)	(29.8)	(48.8)
0.75-0.99	(17.7)	(28.8)	(21.4)	(26.1)	(22.7)	(21.7)
Overcrowded	**63.9**	**22.7**	**53.2**	**14.5**	**41.2**	**8.8**
1.00-1.24	(33.1)	(17.6)	(31.7)	(11.5)	(25.1)	(6.8)
1.25-1.49	(10.7)	(1.4)	(4.0)	(0.3)	(3.4)	(0.3)
1.50-1.74	(8.4)	(3.1)	(7.4)	(2.0)	(5.7)	(1.4)
1.75-1.99	(2.7)	(0.3)	(2.7)	-	(1.3)	-
2.00 +	(9.0)	(0.3)	(7.4)	(0.7)	(5.7)	(0.3)
No Information	-	-	-	-	0.3	-
TOTAL	100.0	100.0	100.0	100.0	100.0	100.0

laundry facilities and an adequate hot water supply. The results obtained at each phase of the study for both the married and unmarried mothers are presented in *Table 6:15.*

Comparing the figures for the two groups of mothers, it is apparent that the standard of living in the homes of the unmarried mothers was well below that of their married counterparts. For example, at each successive phase of the study approximately 20 per cent of the unmarried mothers had no laundry facilities in their home compared to only about 7 per cent of the married mothers. Again, considering all three phases of the study, about 17.5 per cent of the unmarried mothers were without a telephone in their home compared to only about 2.5 per cent of the married mothers. The percentage of unmarried mothers without an adequate supply of hot water was 16.5 at the first phase of the study, 14.1 at the second, and 15.5 at the third. The corresponding figures in the married sample were 5.4, 6.8 and 6.8 per cent.

The remaining household amenities were absent from the homes of unmarried mothers considerably less often, although in every case, a larger percentage of the unmarried mothers were without these facilities compared to married mothers. There was no indoor plumbing in approximately 6 per cent of the unmarried mothers' homes, no private in-

TABLE 6:14

Percentage of Unmarried Mothers
With 1.00 or More Persons Per Room by Living
Arrangements at Each Phase of the Study

Living Arrangements	Immediately After the Child Was Born	Nine Months After the Child's Birth	Eighteen Months After the Child's Birth
Lived Alone	60.0	22.9	12.2
Lived With Family	68.7	65.9	57.1
Lived With Husband/ Common-Law Husband	57.1	43.9	38.1
Lived With Friends	25.0	66.7	50.0

door bathroom in approximately 9.5 per cent, and no kitchen in about 2 per cent of the households.

When the standard of living of the unmarried group was considered in terms of whom they were living with, some distinct differences were found in each phase of the study *(Table 6:16)*. For example, at the first contact it was the mothers living common law who had fewest amenities. Those in common law unions more often were in accommodations which lacked laundry facilities, telephones or adequate supplies of hot water. On the other hand, more of the mothers living alone at the first interview were without a kitchen or private bathroom and more of the mothers living with family had no indoor plumbing in their homes.

At the second contact, the lack of basic household amenities was equally characteristic of the mothers living alone and those who were living common law, or who had married and were living with their

TABLE 6:15

Percentage of Unmarried and Married Mothers Lacking Specific Household Amenities at Each Study Phase

Household Amenity Lacking	Immediately Following the Child's Birth		Nine Months After the Child's Birth		Eighteen Months After the Child's Birth	
	Unmarried Mothers	Married Mothers	Unmarried Mothers	Married Mothers	Unmarried Mothers	Married Mothers
	(299)	(294)	(291)	(293)	(298)	(295)
Kitchen	2.0	-	2.1	0.3	1.3	-
Bathroom	9.7	1.0	9.6	1.7	8.7	2.0
Laundry Facilities	18.4	6.8	20.6	5.8	21.8	7.1
Telephone	16.1	2.0	17.9	2.7	18.8	3.7
Hot Water	16.5	5.4	14.1	6.8	15.5	6.8
Indoor Plumbing	5.7	2.0	6.2	1.4	5.7	1.7
No Information	-	(1)	(8)	(2)	(1)	-

TABLE 6:16

Percentage of Unmarried Mothers Lacking Household Amenities by Living Arrangements at Each Study Phase

Household Amenity Lacking	Immediately Following The Birth of The Child				Nine Months After The Child's Birth				Eighteen Months After The Child's Birth			
	Alone	Family	Husband or Common-Law Husband	Friends	Alone	Family	Husband or Common-Law Husband	Friends	Alone	Family	Husband or Common-Law Husband	Friends
	(25)	(179)	(91)	(4)	(34)	(152)	(102)	(3)	(49)	(128)	(114)	(6)
Bathroom	20.0	9.5	7.8	-	14.7	8.6	9.8	33.3	12.6	7.0	8.8	33.3
Laundry Facilities	14.5	8.9	33.3	20.0	35.3	13.8	25.5	-	28.6	13.3	27.2	-
Telephone	12.5	12.3	21.1	20.0	15.4	14.5	21.6	-	28.6	10.2	25.4	-
Adequate Supply of Hot Water	4.0	9.0	15.6	20.0	11.8	11.8	18.6	-	20.4	13.3	15.8	-
Indoor Plumbing	-	6.7	5.6	-	2.9	5.9	7.8	-	2.0	6.3	6.1	-
Kitchen	12.0	-	3.3	-	2.9	2.0	1.0	-	6.1	-	0.9	-
No Information		-					(8)			(2)		

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husbands. At this time, the mothers who were on their own with their children were more frequently living in accommodations which lacked a kitchen, laundry facilities, or a private bathroom; the mothers living common law or with their husbands were more likely to be in places which did not have a telephone, sufficient hot water or indoor plumbing.

By the third phase, the mothers living on their own had the lowest standard of living compared to all others in the different living arrangements. At this stage, 12.6 per cent of the mothers on their own had no private bathroom; 28.6 per cent had no laundry facilities; 28.6 per cent had no telephone; 20.4 per cent were without an adequate supply of hot water; 2.0 per cent had no indoor plumbing and 6.1 per cent had no kitchen.

Altogether, 120 unmarried mothers lacked at least one basic amenity at the conclusion of the study; 27 women lacked two; 8 women lacked three; 13 women lacked four; and 3 women lacked five out of a total of six basic amenities.

In general, these data indicate two things. The first, as stated previously, is that the standard of housing in the unmarried mother sample was considerably poorer than in the married. The second point is that the housing conditions of unmarried mothers living on their own grew progressively worse over the eighteen-month study period. Although a greater percentage of these women may have lacked a particular amenity at the first or second phase of the study compared to the third, by the final contact the overall standard of living of unmarried mothers on their own was poorer.

The data analyzed in this section indicated that the unmarried mothers resided in poorer quality dwellings but did not reveal how great this problem was, or what percentage overall could be judged to have such a problem. The assessments completed by the interviewers provided these answers. Although these assessments will be discussed in greater depth in a later chapter which deals exclusively with the interviewers' comments, to conclude this section we have included their general findings. At the completion of the study, 37.4 per cent of the unmarried mothers were judged by the interviewers to have a housing problem compared to 9.6 per cent of the married mothers. In terms of the degree of severity of the housing problem, 16.7 per cent of the unmarried mothers were judged to have a minor problem; 13.0 per cent were considered to have a moderately serious problem; and 7.7 per cent were judged to be living in seriously substandard housing. The corresponding figures in the married sample were as follows: minor housing problem, 5.8 per cent; moderately serious problem, 2.4 per cent; and serious housing problem, 1.4 per cent.

In the remainder of this section three cases are described where the housing situation was extremely poor. These examples provide some idea of the kinds of situations that some of our unmarried mothers lived in. They are not typical cases, however, and should not be viewed as such. Their inclusion here is simply meant to give the reader some idea of the scope of housing problems that some of the mothers experienced. In each instance, the interviewer judged the housing situation to be a "very serious" problem.

> The first case was of a young mother who, at the first interview, was living with her child and three other people in a three-bedroom apartment. This woman was very dissatisfied with her accommodations. She reported that the walls were very thin and that they had holes in them. The outside could apparently be seen through some of the larger holes. In addition, the roof leaked and the mother complained of cockroaches and other bugs. In the interviewer's estimation, the situation was so bad as to endanger the health of the baby. By the second interview this mother and her child had moved to a small two-room apartment. But the condition of her new dwelling was no better than the first. There was no furniture except for two beds; the apartment was generally quite dirty; a closet door had broken off its hinges; and the walls were dirty and full of holes. The interviewer had the impression that this dwelling could be a serious firetrap. In fact, between the second and third interview with this mother, the apartment was torn down. At the final interview, this mother had moved in with her sister. She had a new baby in addition to the first child, so the three of them, together with her sister and her three children, were living in a two-bedroom apartment. Again, there was only a minimum of furnishing and overcrowding was an obvious problem.

> The second case was of a young mother who, at the second interview, was living with her child in a three-room apartment. Despite the fact that this apartment block was relatively new, it had been allowed to fall into considerable disrepair. The tiles on the kitchen floor of the woman's apartment had started to lift off and she reported that bugs were a problem. The building was extremely noisy, according to this woman, with children running up and down the corridors at all hours of the night. A broken window had been covered with a piece of plywood and the fire exits were blocked from inside the stairwells. At the third interview the woman was living common law. Although her new apartment was roomy and contained all the basic household amenities it was seriously substandard in the interviewer's estimation.

> It had been poorly constructed and in the winter it became so cold that the baby had to be dressed in a snowsuit to keep warm.

> The third mother's situation was equally poor. At the first interview she and her common-law husband lived in a one-room house. The accommodations had no kitchen, no bathroom, no laundry facilities, no telephone, no hot water and no indoor plumbing. By the third interview, the mother and her common-law husband were still in the same dwelling. Little had changed except that a kitchen had been added. A new baby had been born, however, and with the first child just beginning to move around on its own the house was extremely cramped.

Satisfaction with Accommodations

To obtain an idea of how each mother in the study felt about her accommodations, she was asked to rank the various aspects of her living quarters in terms of the degree of her satisfaction. Some of the specific household features included warmth, privacy, cost, spaciousness, general appearance and so on. The results are presented in *Table 6:17*. Overall, their general dissatisfaction increased over the study period. For example, 19.7 per cent of the unmarried mothers were dissatisfied with their accommodations at the first phase; at the second, 23.9 per cent expressed dissatisfaction as did 23.4 per cent at the final phase.

Consistent with the fact that the housing situation of mothers on their own worsened over the study period was the fact that they expressed greater dissatisfaction with their accommodations than most other mothers. At the first phase of the study, the mothers on their own were the second most dissatisfied group but by the study's completion they expressed higher levels of dissatisfaction than all the other mothers including those who were living common law, with friends, with family or with their husbands.

Desire for New Accommodations: Although the majority of the unmarried mothers said they were relatively satisfied with their accommodations, a great many of them indicated that, if they had the opportunity, they would move. The mothers living on their own felt this way to a greater extent than all others. For example, 78.8 per cent of these women said at the second interview that they preferred to move as did 71.4 per cent at the third. By comparison, the percentage who lived with family and wanted to move was 57.6 at the first contact and 52.3 at the second and third contacts. The corresponding figures for those married or living common law were 63.7 per cent and 57.9 per cent.

TABLE 6:17

Percentage of Unmarried Mothers Who Expressed Dissatisfaction With Specific Aspects of Their Accommodations at Each Study Contact

Aspect of Accommodation	Immediately Following the Birth of the Child	Nine Months After the Child's Birth	Eighteen Months After the Child's Birth
	(299)	(299)	(299)
Warm in Winter	15.7	15.7	18.5
Privacy From Neighbours	16.4	23.1	18.5
Closeness to Relatives	19.4	26.8	23.2
Repairs by Landlord	12.4	19.0	22.6
Friendliness of Neighbours	15.7	16.7	18.2
Cost of Accommodations	15.4	20.4	20.8
Appearance Inside	20.0	27.7	28.9
Enough Rooms	26.1	28.7	26.8
Privacy in House	25.1	26.4	24.8
Bathroom Facilities	12.8	17.4	15.8
Kitchen Facilities	9.7	13.7	10.1
Freedom From Drafts	21.1	25.4	31.2
Access to Shops	24.0	21.7	24.6
Storage Space	33.1	37.4	37.0
Freedom to Make Changes	19.1	29.5	26.3
Appearance of Neighbourhood	22.1	24.4	22.8
Freedom From Noise	32.1	37.1	36.4
Freedom From Dampness	15.0	18.7	17.9
Yard Space	19.0	24.4	20.2
Mean	19.7	23.9	23.4

The reasons for wanting different accommodations varied according to the living arrangement. Those living alone most often wanted new accommodations because of the cramped and run-down conditions of their present places. The largest percentage of those living with family expressed a wish for independence or more privacy. Those mothers who had married or were living common law desired larger places or homes of their own. What was preventing these mothers from finding more acceptable accommodations? In the majority of cases insufficient money was the prohibiting factor.

SUMMARY

The unmarried mothers were, in general, quite unsettled during the eighteen-month study period. Almost 60 per cent of them moved at least once during this time and approximately a third moved more than once.

The most common living arrangement they made at each phase of the study was with members of their family. Common-law unions were the next most frequent living arrangement and at the first and second interview "living alone" was the third most common. Over the course of the study, the percentage of mothers who were living alone or who had married and were living with their husbands increased whereas the percentage living common law or with family declined.

The unmarried mothers lived in poorer housing conditions than their married counterparts. Their dwellings were more crowded and a much larger percentage lacked certain basic household amenities. In the interviewers' estimations, approximately 37 per cent of the unmarried mothers had housing problems compared to only 9.6 per cent of the married mothers.

7 ARRANGEMENTS FOR THE CARE OF THE CHILD

In this chapter the arrangements made by the unmarried mothers for the care of their children are discussed. Most of the data relate only to the 299 mothers who completed all three phases of the study. However, in the first part of the chapter, we have considered all the mothers in the original sample of 346 who eventually placed their children for adoption.

The arrangements for the care of the child are examined from three perspectives: the mother who considered herself to be the sole caretaker; the mother who had help in caring for her child and looked upon the care of her child as a shared responsibility; and the mother whose child was being cared for by someone else. Because the distinction between "sole caretaker" and "someone else helping" can be quite an arbitrary one, the child-caring arrangements are analyzed further in terms of with whom the mother was living. For example, one mother who lives with her family may have family members helping her look after the child yet she may perceive herself to be the sole or primary caretaker. In actual fact, she may more appropriately be included in the "someone helping category." Another mother who sees herself as sole caretaker may actually be on her own with sole responsibility for her child. Our primary interest was to identify the number of women who fell into this latter classification—mothers on their own with sole responsibility. For this reason, it was necessary to also analyze the response to this question in terms of the living arrangements.

When the mother was the sole caretaker we determined whether there was anyone who could help her look after the child should a need arise either on a long-term basis (one or more days) or on a short-term basis (for a few hours). If the mother had someone helping, we considered who was assisting her, when they were doing so, and how they accepted this responsibility. When someone else was looking after the mother's child, we determined who was caring for the child, the reasons why this arrangement had been made, the frequency with which the mother was seeing her child and whether she was making plans to resume the caring responsibility.

CHILD-CARING ARRANGEMENTS—BIRTH TO EIGHTEEN MONTHS

Children Placed for Adoption

As indicated in the third chapter of this report, the majority of the unmarried mothers in the study were quite young. Although they had all resolved to keep and raise their children themselves, we expected that by the end of the study period many would have become disenchanted with the parenting role and abandoned the responsibility to others. At the study's completion, however, only 10 women out of the total sample of 346 unmarried mothers had placed their children for adoption and only one other woman had begun adoption procedures. The vast majority of the women—96.8 per cent—still had legal custody of their children at the eighteen-month contact.

Most of the adoptions (7) took place within the first nine months of the children's lives. The remaining three occurred some time during the 9 - 18 month period. Four of the babies were adopted by the maternal grandparents; one by other relatives; one by an acquaintance of the child's mother; and four were placed for adoption through social service agencies.

On average, the mothers who eventually placed their children for adoption were two years younger than the total sample of mothers. Seven mothers in the original sample were 14 years of age at the time of the child's birth; three of these had placed their children for adoption by the end of the study.

These mothers also had lower levels of education. Approximately 73 per cent of them had less than a Grade 10 education compared to 43.4 per cent in the total sample.

The circumstances which led to the adoptions varied from mother to mother. In one case, the mother suffered a mental breakdown as a result of both the pressures she experienced giving birth to a child out of wedlock and the lack of family support for her decision to keep the child. In the case of the two other mothers (both 14 year-olds), there had been strong family opposition to keeping the child right from the beginning. The family attitude did not change after the infants were brought home from the hospital and, as a result of receiving no support or encouragement, these young girls eventually placed their children for adoption.

Two mothers had their children removed from their homes by child welfare agencies. In one case, the mother had apparently left her child unattended for a period of time. In the second case, the mother was deemed to be an unfit mother by the agency.

Two mothers eventually found they could not cope with the care of their children. Another mother decided she could not accept the responsibility of parenting. In another case, a combination of factors resulted in the mother's decision to give her child up—a poor financial situation; a deteriorating relationship with the child's father; and an inability to care for the child.

In one other case the mother was mentally retarded. The maternal grandmother was primarily responsible for the care of the child but, because of her advanced age and health problems, it was eventually decided that the infant would be better off in another home.

All but one of these mothers had not wanted to be pregnant. Yet they had all at one point determined that they would keep and raise their children themselves. The primary reason for giving up their children has been identified in the preceding discussion but more detailed descriptions of the circumstances which led to the adoptions are contained in case studies of each mother in *Appendix B*.

In the remainder of this section, the particular arrangements the mothers made for the care of their children are considered in terms of only the 299 women who completed the study.

Sole Caretakers

Following the birth of their children, 55.2 per cent of the mothers studied said that they were the sole caretakers of their children; nine months later 53.9 per cent reported themselves to be sole caretakers and by the eighteen-month contact, 55.7 per cent of the mothers classified themselves as such *(Table 7:1)*.

Even though these women considered themselves to have the primary responsibility for their children, the majority were living with other people. In all, 86.7 per cent of the mothers at the first interview who said they had sole responsibility for their children were living with someone else; at the nine-month interview the figure was 82.5 per cent and at the eighteen-month interview, it was 79.5 per cent. In approximately half of these cases, the women were living with members of their family; and in the other half, with their husbands or common-law husbands.

The mothers who were living alone with sole responsibility for their children accounted for only 7.4 per cent of the total sample at the first interview. This proportion increased only slightly over the eighteen month study period so that at nine months the figure was 9.4 per cent and at eighteen months it was 11.4 per cent.

In the great majority of cases, the mothers with sole responsibility for their children said they had someone who could look after their child

TABLE 7:1

Child-Caring Arrangements of Unmarried Mothers at Each Phase of the Study

Child-Caring Arrangements	Immediately After Birth of the Child	Nine Months After the Child's Birth	Eighteen Months After the Child's Birth
	(299) Percentage	(297) Percentage	(298) Percentage
Sole Caretaker	**55.2**	**53.9**	**55.7**
Lives Alone	(7.4)	(9.4)	(11.4)
With Family	(22.4)	(20.6)	(16.4)
Common Law, Married	(24.4)	(23.6)	(26.6)
Other	(1.0)	(0.3)	(1.3)
Someone Helping	**42.8**	**44.8**	**40.9**
Lives Alone	(0.7)	(2.4)	(4.0)
With Family	(36.1)	(30.3)	(25.5)
Common Law, Married	(5.3)	(11.8)	(10.7)
Other	(0.7)	(0.3)	(0.7)
Other Caretaker	**2.0**	**1.3**	**3.4**
Lives Alone	(0.3)	-	(1.0)
With Family	(1.4)	(0.7)	(1.0)
Common Law, Married	(0.3)	(0.3)	(1.4)
Other	-	(0.3)	-
TOTAL	100.0	100.0	100.0
No information	-	(2)	(1)

whenever a need arose. At the first interview, 84.9 per cent had both long-term and short-term help available and at the final interview this percentage had increased to 92.2 per cent *(Table 7:2)*.

TABLE 7:2

Percentage Distribution of Unmarried Mothers Who Were Sole Caretakers by Availability of Persons to Help Care for the Child at Each Study Phase

Availability of Persons to Help Care for the Child	**Immediately After the Birth**		**Nine Months After the Birth**		**Eighteen Months After the Birth**	
	(165)		(160)		(166)	
	Number	Percentage	Number	Percentage	Number	Percentage
No Short-Term Care *(e.g. Mother Wants to go out for an Evening)*	**6**	**3.6**	**4**	**2.5**	**3**	**1.8**
Living Alone	(3)	(1.8)	-	-	(1)	(0.6)
Lived With Others	(3)	(1.8)	(4)	(2.5)	(2)	(1.2)
No Long-Term Care *(e.g. Mother Ill)*	**20**	**10.3**	**7**	**4.4**	**8**	**4.8**
Lived Alone	(3)	(1.8)	(1)	(0.6)	(3)	(1.8)
Lived With Others	(17)	(8.5)	(6)	(3.8)	(5)	(3.0)
No Short- or Long-Term Care	**2**	**1.2**	**3**	**1.9**	**2**	**1.2**
Lived Alone	(1)	(0.6)	(3)	(1.9)	(1)	(0.6)
Lived With Others	(1)	(0.6)	-	-	(1)	(0.6)
Had Both Long- and Short-Term Help Available	**140**	**84.9**	**146**	**91.2**	**153**	**92.2**
Lived Alone	(15)	(9.1)	(24)	(15.0)	(29)	(17.5)
Lived With Others	(125)	(75.8)	(122)	(76.2)	(124)	(74.7)
TOTAL	168	100.0	160	100.0	166	100.0

The few mothers who did not have alternate care available included some of those who were living with other persons and some who were on their own. Proportionately more of the unmarried mothers on their own, however, were without alternate care at each of the study phases. But, to repeat, the actual numbers without alternate care were small. For example, at the completion of the study only three mothers were without short-term care (one lived alone); eight mothers were without long-term care (three lived alone); and two mothers were without both long-term or short-term care (one lived alone).

As well as asking these women whether or not they had long-term and short-term help available, we also inquired whether there was someone with whom they could discuss child care. Initially only two mothers felt that they had no one to whom they could talk but by the second and third interviews all the mothers with the sole responsibility for their children said they had advice when they needed it.

Someone Helping to Care for the Child

At the first interview 42.8 per cent of the sample of 299 indicated that someone was helping take care of their children; nine months later the figure was 44.8 per cent and by eighteen months it was 40.9 per cent *(Table 7:1)*.

In nearly two-thirds of the cases, the mothers of the women in the study were providing assistance at the first interview. Over the ensuing eighteen months the maternal grandmothers were involved less frequently. By the last contact, just slightly more than 40 per cent of the maternal grandmothers were assisting in the care of the children. Instead, babysitters, day care centres and friends were more frequently involved *(Table 7:3)*.

The majority of the people providing child-care assistance were living in the same home as the mothers (90.6 per cent at the first interview, 67.9 per cent at the second and 59.3 per cent at the third). The percentage who had someone coming into their home to care for their child was considerably smaller although it did increase over the course of the study: 3.1 per cent at the first study phase; 8.1 per cent at the final phase. Similarly, the percentage who took their children to a babysitter's home increased over the eighteen-month period: 4.7 per cent at the first interview; 22.8 per cent at the final interview *(Table 7:4)*.

At what times were the unmarried mothers receiving assistance with the care of their children? In the first few weeks following the children's birth, over half the mothers said they were receiving help at any time of the day when they needed it; in 7.8 per cent of the cases the care of the child was shared throughout the day and, in 44.5 per cent of the cases, assistance was received whenever the mother asked for it *(Table 7:5)*. The remaining women were receiving help at previously arranged regular times (when they were at school or at work) or they received help on an occasional basis (when they went shopping, out for the evening, etc.).

By the final contact with the unmarried mothers, very few were receiving assistance throughout the day. At that point, only 2.5 per cent of the mothers said they got help all the time and only 13.0 per cent said they received help at any time during the day compared to 44.5 per cent

TABLE 7:3

Percentage Distribution of Unmarried Mothers Who Had Someone Helping Them Care for Their Child, by Who Was Helping at Each Phase of the Study

Person Helping to Care for Child	**Immediately After the Birth**	**Nine Months After the Birth**	**Eighteen Months After the Birth**
	(128)	(133)	(122)
Mother	64.1	45.1	42.3
Other Relative	10.2	9.0	10.6
Relatives of Husband/ Common-Law Husband/ Baby's Father	3.9	3.0	3.2
Babysitter	2.3	15.8	12.2
Friend/Other	2.3	1.5	5.7
Combination	14.1	18.0	18.7
Husband/Common-Law Husband/Baby's Father	3.1	7.6	4.9
Day Care	·	·	2.4
TOTAL	100.0	100.0	100.0

at the first interview. Instead, the majority of the 122 mothers who had someone helping them look after their children did so for specific times and reasons; 56.1 per cent of the mothers had arranged alternate care while they were at work; 17.1 per cent had done so while they were in school; and 2.4 per cent of the mothers were both going to school and working and had someone looking after their children at these times.

Although the percentage of women who had their mothers helping them declined over the study period, the maternal grandmothers were, nonetheless, helping in a large percentage of cases—64.1 per cent at the first interview, 45.1 per cent at the second and 42.3 per cent at the third *(Table 7:3)*. We questioned whether all the grandmothers were happy having this new responsibility. Perhaps they would rather have had their daughters place their children for adoption? If such were the case, then they may have reluctantly given assistance or, in some instances, they may have been quite annoyed at having to do so. For this reason, we asked the mothers in the study, who had someone helping to look after their child, how this person felt about it. Were they happy to share the day-to-day tasks of feeding, bathing and clothing the new child or were they angry with their daughter for having forced an unwanted responsibility upon them? Obtaining the answers directly from the maternal

TABLE 7:4

Percentage Distribution of Unmarried Mothers Who Had Someone Helping Care for the Child by Arrangements for Care at Each Study Phase

Arrangements With Person Caring for Child	Immediately After the Child's Birth	Nine Months After the Birth	Eighteen Months After the Birth
	(128)	(133)	(122)
Lived with Mother	90.6	67.9	59.3
Came to Mother's House	3.1	7.6	8.1
Took Baby to Sitter's Home	4.7	20.6	22.8
Combination	1.6	3.9	9.8
TOTAL	100.0	100.0	100.0

grandmothers would have been preferable but, since this was not possible, we asked each of the mothers in the study to try to assess her own mother's feelings about helping to look after the baby.

At the first interview, 82 of the mothers in the study had their own mothers assisting them with the care of their children, and all said their mothers were happy to provide help. At the second interview 60 women had their mothers helping them; and at the third, 52 had their mothers' assistance. Only one mother in each of these latter two phases reported that the maternal grandmother was not completely happy to be looking after her grandchild but, rather, had mixed feelings about it.

TABLE 7:5

Percentage Distribution of Unmarried Mothers Who Had Someone Helping Care for Their Children by When This Person Assists, at Each Study Phase

When Person Assists With Child Care	Immediately Following the Birth of the Child	Nine Months After the Birth	Eighteen Months After the Birth
	(128)	(133)	(122)
All the Time	7.8	5.3	2.5
Any Time During the Day	44.5	12.0	13.0
While Mother is at School	14.9	11.3	17.1
While Mother is at Work	7.0	54.1	56.1
Whenever Mother Goes Out	17.2	14.3	7.3
When at Work and School	-	3.0	2.4
When at School and When Mother Goes Out	3.9	-	-
In Evenings	3.9	-	-
Other	0.8	-	1.6
TOTAL	100.0	100.0	100.0

Other Caretakers

Only 17 mothers of the total group of 299 had placed their children in someone else's care at one or more of the study phases. Six mothers did not have their children with them at the first interview, four had arranged alternate care at the second interview and, by the eighteen-month interview, ten had placed their children in someone else's care[1] *(Table 7:1)*. In addition, there were four mothers who had had someone else carrying for their children for a period of time between the study phases. Altogether, 21 mothers or 7.0 per cent of the sample had relinquished the care of their children to others for some period of time during the study.

Three of these women had placed their children for adoption between the second and third interview and one other mother had begun adoption proceedings. The circumstances leading up to the adoption in each of these cases were mentioned earlier and detailed descriptions of each case are included in *Appendix B*.

Among the remaining 17 women, there was a variety of reasons why alternate care had been arranged. At the first interview, the babies of four mothers were still in hospital. Each child had been born prematurely and had not been able to leave the hospital at the same time as the mother. Three mothers had left their parents' home in order to take training courses. In each case, the child remained in the grandparents' home and was cared for by the maternal grandmother. Another woman had her mother care for her child while she took a training course although, in this case, she remained in her parents' home. The grandmother reportedly had complete responsibility for the child, however, for this period of time. Two of the women had arranged for their mothers to care for their infants until they could find suitable and affordable babysitters in the area where they resided. Both of these women had begun employment outside the home. Another mother lacked suitable accommodations at one point and had her mother care for the child until she could find something better. One other mother had her mother looking after the child until her financial situation improved.

One young woman had left her child in her mother's care while she took work in another part of the province. This arrangement lasted six months, at which time the woman discovered she was pregnant again and returned to her family's home.

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[1] In one of these cases, the baby was looked after by someone other than its mother at all three study contacts; and, in another case, at both the second and third contacts.

One mother had her baby taken away for a three-month period by the child's father. This had been done while the mother was away from her home and without her consent. At the final interview she was married, although not to the child's father, and she was still anxious that the child's father would try to *"steal"* her child from her again.

One mother did not have her child with her for a three-to-four week period during which she had spent time both in jail and in an addiction unit. Her family cared for the child while this mother was absent from home.

Another young woman had been caught stealing and was sent to a juvenile correctional facility as a result of the offence. For the period in which she was absent from home, her parents cared for her child.

Finally, one mother had her child removed from her home by a child welfare agency. There had evidently been considerable concern about the woman's emotional stability and this had prompted the apprehension of her child. The child was later returned to its mother, however.

The alternate care in each of these 17 cases had been on a temporary basis. Two mothers had their children taken from them involuntarily (one by a social agency and one by the child's father) but, in both instances, the mothers planned and did regain custody of their children. During the time the other mothers arranged alternate care, all but two continued to see their children regularly and all planned to resume full care of their children eventually.

At the completion of the study, only 3.4 per cent of the total group of 299 unmarried mothers did not have their children with them. It must be kept in mind that the children in the study were only eighteen months old at the time of our final interview and that the demands they would make on their mothers would doubtless increase in the next couple of years. It was, nonetheless, a significant finding that so many of the mothers had retained the responsibility for looking after their children up to this point. As we indicated in the first part of this chapter, we expected otherwise. We anticipated, especially in view of the youthfulness of so many of the mothers, that by the study's completion many would have left the responsibility for their children with parents or relatives, or would have arranged a formal adoption. This did not occur, and at our last interview with the mothers, the vast majority indicated that they were managing the job of parenting quite well, that they were happy to have kept their children and that they enjoyed the responsibilities. This does not mean that there were no problems—quite the contrary. But abandoning the responsibility for their children to others was not one of the outcomes for the majority of mothers, at least up to the eighteen-month point.

PROBLEMS MAKING ALTERNATE CHILD-CARE ARRANGEMENTS

In an earlier part of this chapter, we indicated that the majority of the mothers who were sole caretakers had someone who could help them take care of the baby both on a long-term and short-term basis. The remainder of the mothers—those who had someone helping to take care of the child and those who had someone else looking after the baby—obviously had alternate care available. But for those who had someone else helping them, there still could be times when help was needed but was not available or was not affordable. For instance, a mother may have had a babysitter looking after her child while she was at work, hence "someone helping," but she may not have had anyone to care for the child if she wanted to go out in the evening. As well, the mothers who did have someone helping them, or had someone available if they were needed, may have experienced difficulty in locating such help. For these reasons, we asked all the mothers whether finding babysitters had ever been a problem for them.

The findings are presented in *Table 7:6* in terms of the birth to nine-month period and the 9-18 month period. Clearly, the vast majority of unmarried mothers did not experience difficulties during these periods. At the second interview only 12.1 per cent of the mothers said that it had been somewhat of a problem and 6.5 per cent said it had been a considerable problem. The corresponding figures for the final interview were 11.9 and 3.7 per cent. Of interest was the fact that the unmarried mothers actually experienced fewer problems than married mothers during the first nine months after their babies were born although there was little difference between the two groups during the 9-18 month period. We will see in the employment section in a later chapter that more married mothers had gone back to work by the nine-month period, therefore more would have experienced the need to find a regular babysitter.

Although we expected that many of the unmarried mothers would have problems finding sitters because of their anticipated isolation and poverty, the fact that most did not encounter any difficulties was not surprising in light of what we subsequently learned about them. Their pregnancy and their decision to keep their children had not resulted in a rift between themselves and their families. Consequently, the vast majority of those who did not marry immediately after the birth of their child or did not live common law were living with family members. How cohesive those families were is not known, except that most of the mothers in our study claimed their families were supportive of their decision to keep and were available to assist them with the care of their child in the months in which we carried out the study.

Those unmarried mothers who did have problems finding someone to help with, or relieve them of, their parenting duties for short periods of time tended to be mothers who were living on their own; mothers who were between the ages of 20 and 24; and, at the last contact, mothers who lived in urban areas.

TABLE 7:6

Percentage Distribution of Unmarried and Married Mothers by Difficulties in Finding Alternate Child Care Arrangements

Difficulties Finding Alternate Child Care	Birth to Nine Months		Nine to Eighteen Months	
	Unmarried Mothers (290)	Married Mothers (294)	Unmarried Mothers (295)	Married Mothers (295)
No Problem	81.4	78.6	84.4	83.4
Somewhat of a Problem	12.1	16.0	11.9	12.5
A Considerable Problem	6.5	5.4	3.7	4.1
TOTAL	100.0	100.0	100.0	100.0
No Answer	(9)	(1)	(4)	-

Altogether, there were 54 unmarried mothers out of the total group of 299 who had experienced problems finding babysitters during the first nine months following their babies' birth. From the 9-18 month period, 51 mothers reported difficulties. One of the biggest problems reported by these mothers was finding babysitters who were trustworthy. Some of the mothers expressed total distrust of the babysitters who were available; others were worried because they could not judge whether a potential babysitter was reliable.

Another problem was finding someone who was willing to look after a very young child. In some cases, the mothers had found there was no one who would do this in the areas where they lived. In other cases, there was simply too great a demand for babysitting services and not enough people to fill the demand. The expense of babysitters was another difficulty which was reported as well as the problems of co-ordinating working hours with a babysitter's schedule.

In spite of these problems the great majority of the mothers did not try to obtain any help in finding alternate care. Between the first and last interview, a few mothers had asked for assistance from social agencies, Manpower and babysitting services, but the majority relied upon their own resources.

SUMMARY

The vast majority of the 346 mothers in the study still had legal custody of their children at the end of the study period. Of the few who did not, two had their children removed from their homes by child welfare agencies and the remainder had experienced a variety of problems which eventually led to the decision to place their children for adoption.

Slightly more than half of the 299 women who took part in all phases of the study classified themselves as sole caretakers at each interview. Most of these women, however, were living with other people; all but 15.1 per cent at the first phase, 8.8 per cent at the second, and 7.8 per cent at the third phase had both long-term and short-term child-caring help available. In addition, all the mothers, except two in the first interview, said they had someone they could talk to about how to care for their child.

In each study phase approximately 40 per cent of the 299 mothers indicated that they had someone helping them to care for their children. Following the child's birth, the maternal grandmother was most often the person involved and was usually available any time of the day. At the following contacts, she was involved less often and, when she was, in a more clearly defined role. By the final interview, most of the study mothers who had persons looking after their children had arranged for the help for specific times and reasons; e.g., while they worked or while they attended school.

Only a small group of the mothers did not have their children with them at any one of the study phases. Most of the children not with their mothers at the first interview had been born prematurely and were still in the hospital. Later on, the reasons for having someone else care for their child usually related to employment or schooling.

Most of the unmarried mothers in the study said that finding someone to help care for their children had not been a problem during the eighteen months of the study. The fact that so many lived with family probably accounted for this, as well as the fact that relatively few had returned to school or taken jobs. Those who did have problems finding babysitters reported that doubts about reliability, scarcity of sitters, financial costs and odd working hours made finding alternate care a problem.

8 EMPLOYMENT PATTERNS, FINANCIAL ARRANGEMENTS AND EDUCATIONAL PURSUITS

This chapter examines three aspects of the mothers' lives: employment patterns, means of support, and educational and training pursuits. Our analysis considers the changes which occurred over the study period in each of these areas of the women's lives and, once again, a primary goal has been to assess the degree of stability in their situations.

EMPLOYMENT PATTERNS

Mothers Employed at the Second and Third Study Phases

The first study interview was conducted approximately 3-7 weeks after the mothers in the study had given birth. Because so little time had passed since the birth, very few of the mothers were employed outside the home at that point. By the second phase of the study, however, many of the mothers had either begun new jobs or returned to those they had before their babies were born. At that stage, nearly half of the mothers in the married sample (49.2 per cent) were working compared to less than a third of the unmarried mothers (29.1 per cent). By the completion of the study, these percentages had increased only slightly to 51.2 per cent for the married mothers and 30.4 per cent for the unmarried mothers *(Figure 8:1)*.

Factors Associated with Working Status

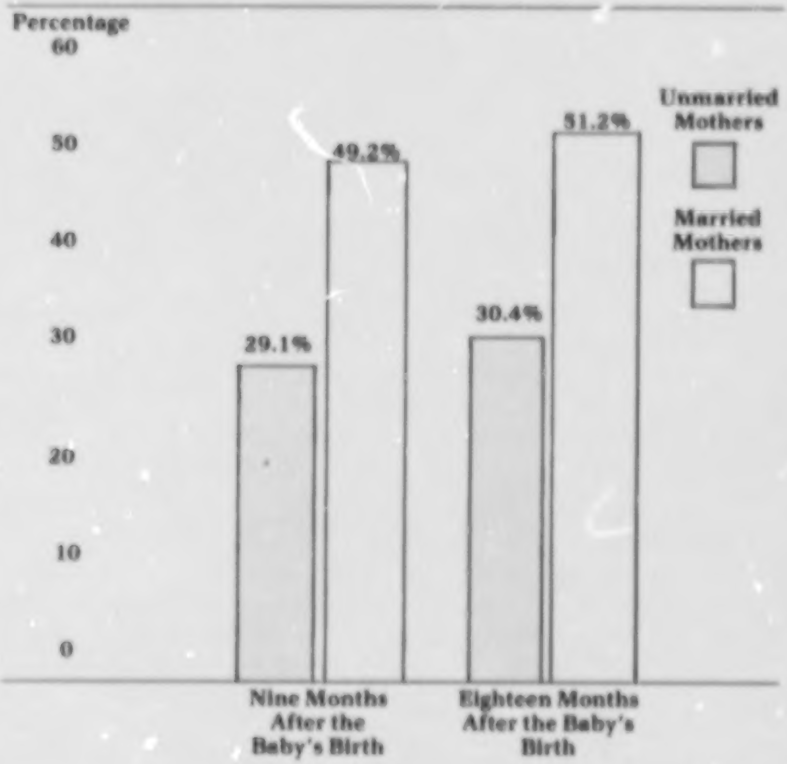
Household Composition: The unmarried mothers who lived alone were less likely to be employed in a job outside the home at either the second or third study contacts than mothers in any of the other living arrangements. At the second interview, for example, 17.1 per cent of the women living alone worked in a job outside the home; by comparison, 29.4 per cent of the women who resided with family were working, as were 32.7 per cent of those who were married or living common law. By the completion of the study, nearly one-quarter of the women living alone were working (24.5 per cent) compared to 29.7 per cent of those living with family and 33.0 per cent of those who were married or living common law *(Table 8:1)*.

Age: The unmarried mothers who were less than 17 years of age when their children were born were clearly distinguishable from the other age groups of women in terms of their employment status. At the second interview only 12.5 per cent of this very young group of mothers were working whereas 30.6 per cent of the 17-19 year-olds were employed, 40.7 per cent of the 20-24 year-olds and 16.7 per cent of those 25 years of age or more. At the final interview, the differences were still more pronounced—only 5.4 per cent of the youngest mothers were employed outside the home, compared to 34.7 per cent of the 17-19 year-olds, 38.3 per cent of the 20-24 year-olds, and 38.9 per cent of those 25 years of age or more *(Table 8:2)*.

Education: Mothers who had less than a Grade 10 education were consistently less likely to have been working compared to women in the study with higher levels of education. For example, only 14.2 per cent of the unmarried mothers who had less than a Grade 10 education at the outset of the study were working at the eighteen-month contact. The per-

FIGURE 8:1

Percentage of Unmarried and Married Mothers Employed at the Second and Third Study Phases



centage who did work increased with the educational level of the mothers. Of those with a partial High School education, 27.0 per cent were working at the final study phase, as were 54.9 per cent of those with a completed High School education and 66.7 per cent of those with a partial or completed university education *(Table 8:3)*.

TABLE 8:1

Percentage of Unmarried Mothers Employed at the Second and Third Study Phases by Living Arrangements

Living Arrangements	Percentage Employed Nine Months After the Birth	Percentage Employed Eighteen Months After the Birth
	(299)	(299)
Lived Alone	17.1	24.5
Lived With Family	29.4	29.7
Lived With Husband/ Common-Law Husband	32.7	33.0
Lived With Friends	33.3	33.3

TABLE 8:2

Percentage of Unmarried Mothers Employed at the Second and Third Study Phases by Age of the Mother at the Time of the Child's Birth

Age of Mother	Percentage Employed Nine Months After the Birth	Percentage Employed Eighteen Months After the Birth
	(299)	(299)
Less Than 17 Years of Age	12.5	5.4
17-19 Years Old	30.6	34.7
20-24 Years Old	40.7	38.3
25 Years of Age or More	16.7	38.9

Type of Employment

Not only were the married mothers more likely to be working as the study progressed, they were also more likely to have been in jobs requiring specialized training and advanced education. This, of course, was not unexpected in view of the differences in educational and training backgrounds of the married and unmarried mothers *(See Chapter 3)*. To illustrate the differences in job types between the two groups of women we can consider the situation at the final interview. At that point, one-quarter of the married mothers (25.2 per cent) were employed in professional, executive, managerial or administrative occupations compared to only 3.3 per cent of the unmarried mothers. The unmarried mothers dominated the opposite end of the employment scale: 52.8 per cent of them were working in either unskilled or semi-skilled jobs compared to only 23.2 per cent of the married mothers *(Table 8:4)*.

Job Satisfaction

At the second and third interviews the women who were working were asked how satisfied they were with their jobs and whether they had experienced any difficulty finding employment. In terms of job satisfaction the vast majority of the mothers, both married and unmarried, expressed satisfaction with the jobs they held at that time. However, a larger percentage of the unmarried mothers did express dissatisfaction. For example, at the final phase 16.5 per cent of the un-

TABLE 8:3

Percentage of Unmarried Mothers Employed at the Second and Third Study Phases by the Educational Level at the Time of the Child's Birth

Educational Level	Percentage Employed Nine Months After the Birth	Percentage Employed Eighteen Months After the Birth
	(299)	(299)
Less Than Grade 10	16.4	14.2
Some High School	35.2	27.0
Completed High School	47.1	54.9
Some University or Completed University	50.0	66.7

married mothers stated that they were not satisfied with their jobs compared to 7.9 per cent of the married mothers.

The majority of all the mothers said that they had not experienced any difficulty in finding employment. Any problems they encountered were most often related to the unavailability of jobs in the areas where they resided.

TABLE 8:4

Percentage Distribution of Unmarried and Married Mothers Working Outside the Home by Type of Employment at the Second and Third Interviews

Type of Employment	Nine Months Following the Child's Birth		Eighteen Months Following the Child's Birth	
	Unmarried Mothers	Married Mothers	Unmarried Mothers	Married Mothers
	(87)	(145)	(91)	(151)
High Executive, Major Professionals	-	1.4	-	0.7
Managerial, Lesser Professionals	1.2	22.1	1.1	20.5
Administrative, Minor Professionals	1.2	4.1	2.2	4.0
Clerical, Sales, Technical	36.8	48.3	39.5	49.0
Skilled	-	2.1	1.1	1.3
Semi-Skilled	33.3	15.2	29.7	17.9
Unskilled	21.8	4.1	23.1	5.3
Unknown	5.7	2.7	3.3	1.3
TOTAL	100.0	100.0	100.0	100.0
Not Employed	(212)	(150)	(208)	(144)

Unmarried Mothers Who Were Not Working

Between the first and second interviews and the second and third, about half of the unmarried mothers had not worked. Approximately 34-40 per cent of these women said they had tried to find employment, however. When asked why they had not been able to locate a job, the great majority of them said that there were simply no jobs available in the areas where they lived. In addition, some mothers mentioned their lack of education, skills, and job experience as factors which had prevented them from obtaining work.

Employment Patterns

The preceding discussion focused on the employment status of the study mothers at the second and third project phases. This section extends the discussion to the pattern of employment over the eighteen months—whether the mothers worked continuously during that time, whether they worked at some time, or whether they did not work at all.

Although few mothers were employed initially, many were on maternity leave and planned to return to their jobs once their leave had expired. When this was the case, and when the woman did return to work and continued to work throughout the study period, she was classified as having worked "continuously throughout the study." None of the mothers who were classified as having "worked at some time" were employed for the entire study period. Mothers who were classified as "never worked" had not been working at any of the study contacts or at any time between these interview points.

The married mothers were more likely to have worked during the study and to have done so continuously compared to unmarried mothers. Altogether, 69.8 per cent of the married mothers had a job outside their home either continuously or at some time during the study period compared to 61.2 per cent of the unmarried mothers. Conversely, 30.2 per cent of the women in the married sample had never worked at any time compared to 38.8 per cent of the women in the unmarried sample.

A more marked difference existed, however, between the two groups of women in terms of continuous employment. For example, 21.4 per cent of the married mothers were employed continuously compared to only 4.7 per cent of the unmarried women *(Figure 8:2)*.

Factors Associated with Employment Status

Age: Almost 60 per cent of the women in the unmarried sample who had been less than 17 years of age when their baby was born never worked at any time during the study period. This is in comparison to 31.2 per cent of the 17-19 year-olds, 35.8 per cent of the 20-24 year-olds and 50.0 per cent of the women 25 years of age or more. None of the mothers in the youngest age group worked continuously throughout the study and only 2.1 per cent of the 17-19 year-olds did so. However, approximately 11 per cent of the women in each of the older age groups worked continuously *(Table 8:5)*. In the married sample, the percentage of mothers who worked continuously also increased with the age of the women.

Education: In addition to age, the level of the mothers' education also influenced the pattern of employment. In general, the unmarried mothers with the lowest level of education were least likely to have worked at any time during the study. For instance, 47.8 per cent of the women with less than a Grade 10 education never worked, compared to 34.3 per cent of those with partial High School, 27.5 per cent of those with a completed High School education and 16.7 per cent of those with some university or a completed university education. The occurrence of continuous employment increased together with increases in the educational levels: 0.7 per cent of those with less than a Grade 10 education worked continuously throughout the study compared to 4.6

FIGURE 8:2
Pattern of Employment Among Unmarried and Married Mothers Over the Study Period

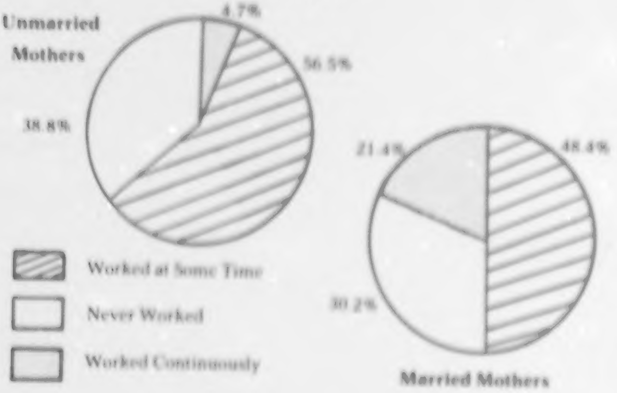


TABLE 8:5

Percentage Distribution of Married and Unmarried Mothers by Employment Pattern and Age of Mothers at the Time of the Child's Birth

EMPLOYMENT PATTERN	AGE OF THE MOTHERS							
	Less Than 17 Years		17-19 Years		20-24 Years		25 Years or More	
	Unmarried Mothers	Married Mothers	Unmarried Mothers	Married Mothers	Unmarried Mothers	Married Mothers	Unmarried Mothers	Married Mothers
	(56)	(3)	(144)	(34)	(81)	(138)	(18)	(120)
Continuous	-	-	2.1	8.8	11.1	17.4	11.1	30.0
Worked At Some Time	41.1	33.3	66.7	41.2	53.1	29.7	38.9	27.5
Never Worked	58.9	66.7	31.2	50.0	35.8	52.9	50.0	42.5
TOTAL	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

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per cent of those with partial High School, 13.7 per cent of those with a completed High School education, and 16.7 per cent of those with a partial or completed university education *(Table 8:6)*.

The same pattern of continuous employment was observed in the married sample. But, whereas a larger percentage of unmarried mothers with less than a Grade 10 education had never worked compared to the other educational groups, this was not characteristic of the married mothers. Instead, the married mothers with the lowest levels of education were more likely to have worked than the mothers in any of the higher educational groups.

Mother's Situation at the Time of the Pregnancy: Whether the mothers were employed, attending school, or at home at the time of their pregnancy influenced their employment patterns as well. For example, both the married and unmarried mothers who were working at the time of the pregnancy were more likely to have worked continuously or at some time after their children were born compared to the mothers who had been in school or at home. Only about one-quarter of the mothers from both samples who had been working when they became pregnant did not work at all after they gave birth. The unmarried mothers who had been attending school were less likely to have worked after the birth compared to the married mothers who had been in school. Of the mothers who had been at home, the unmarried women were somewhat more likely to have worked compared to the married *(Table 8:7)*.

Job Stability

The number of jobs held by each woman during the eighteen-month period was calculated and comparisons were made between the married and unmarried mothers. Approximately one in three of the unmarried women who worked had more than one job compared to only one in five of the working married mothers. The specific reasons for the greater job turnover are discussed in more detail in the following section.

Reasons for Leaving Employment: Altogether, there were 155 unmarried mothers who left a job at some time during the study. Almost all of these women said they had no difficulty finding employment. The majority of them had worked in semi-skilled or unskilled jobs and, in approximately 45 per cent of the cases, on only a part-time basis. In almost 65 per cent of the cases they had remained in these jobs less than four months before quitting.

TABLE 8:6

Percentage Distribution of Married and Unmarried Mothers by Employment Pattern and Educational Level of the Mother at the Time of the Child's Birth

EMPLOYMENT PATTERN	EDUCATIONAL LEVEL							
	Less Than Grade 10		Some High School		Completed High School		Some University or Completed University	
	Unmarried Mothers	Married Mothers	Unmarried Mothers	Married Mothers	Unmarried Mothers	Married Mothers	Unmarried Mothers	Married Mothers
	(134)	(23)	(108)	(73)	(51)	(140)	(6)	(58)
Continuous	0.7	-	4.6	16.4	13.7	27.1	16.7	22.4
Worked At Some Time	51.5	65.2	61.1	31.5	58.8	23.6	66.6	29.3
Never Worked	47.8	34.8	34.3	52.1	27.5	49.3	15.7	48.3
TOTAL	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

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Why did they leave their jobs? In the largest percentage of cases (41.3 per cent), the unmarried mothers were employed in seasonal or temporary jobs which required their services for limited periods of time. Other reasons which were reported, although much less frequently, included the following: conflict between working and parenting; problems with babysitters; insufficient pay; dissatisfaction with their jobs; poor working hours; transportation problems; not enough working hours to make the job worthwhile; the offer of a better job; ill health of the child; resumption of educational pursuits; and a new pregnancy. In addition, there were one or two mothers who cited the following reasons: ill health; fear of losing public financial assistance; disapproval of husband or common law husband; and moves away from areas of employment *(Table 8:8)*.

Employment Plans of the Unmarried Mothers Not Working

The 69.6 per cent of mothers who were not working at the final interview were asked about their employment plans. Of all the mothers, only about one in four said she was looking for employment. The remainder gave a variety of reasons for their decision not to enter the labour force. These included such things as: a desire to remain at home to raise the baby; plans to improve their education first; lack of babysitting services; and plans for a second pregnancy.

TABLE 8:7

Percentage Distribution of Married and Unmarried Mothers
by Employment Pattern and Mothers' Situation
at the Time of the Pregnancy

EMPLOYMENT PATTERN	In School		Employed		At Home	
	Unmarried Mothers	Married Mothers	Unmarried Mothers	Married Mothers	Unmarried Mothers	Married Mothers
	(118)	(22)	(95)	(215)	(86)	(58)
Continuous	0.9	-	12.6	29.3	1.2	-
Worked At Some Time	57.6	72.7	63.2	48.4	47.7	39.7
Never Worked	41.5	27.3	24.2	22.3	51.1	60.3
TOTAL	100.0	100.0	100.0	100.0	100.0	100.0

Most of the non-working women who were looking for employment had not had anyone helping them in their job search. Some mothers had approached Canada Manpower for assistance and a few had family and friends helping them.

Almost all the women looking for work felt that a community agency could be of assistance to them in their job search but most of the mothers could not articulate the specific kind of aid they wanted.

TABLE #8

Percentage of 155 Unmarried Mothers Who Quit Jobs During the Study by Reason for Quitting

Reason For Quitting Job	**Percentage***
Temporary Work (Laid Off, Work Place Closed)	41.3
Conflict of Double Workload (Employment and Motherhood)	8.4
Problems With Babysitters	6.5
Did Not Pay Enough	5.8
Dissatisfied With Job	5.8
Poor Hours	4.5
Transportation Problems (Job Too Distant)	3.9
Not Enough Hours	3.9
Offered Better Job	3.9
Baby Ill	3.9
Returned to School	3.9
Pregnant Again	2.6
Other**	7.1

** The column total exceeds 100 per cent as in one or two cases mothers cited more than one reason for leaving their jobs.*

*** Reasons included in the "other" category were reported by only one or two mothers.*

FINANCIAL ARRANGEMENTS

Major Source of Income and Support

How did the unmarried mothers support themselves and their children over the study period? Since many of the women received support from a number of sources, we attempted to answer this question in terms of their major source of income. Identifying a single major source of support proved to be quite difficult. Some mothers received irregular amounts of money from more than one source; some women had no actual income apart from their Family Allowance payment; and other mothers received money from various sources only as they needed it. As a result it was necessary to develop a set of guidelines for determining "major income source." We determined that the most realistic way to do this was to consider income and support in terms of with whom the mothers were living. For example, if a mother was living with her family and receiving a very small amount of money from the baby's father or a small payment from Municipal Social Assistance, she was classified as being primarily "family-supported" even though, in actual fact, she was receiving more cash income from other sources. Only when one of these other income sources exceeded $100 a month was it considered to be the major income source. In cases where a woman was married or living common-law and she and her husband or common-law husband were both working, the person with the larger monthly income was considered to be the major income source.

At the outset of the study, we found that the most common major source of support among the unmarried mothers was their families. In all, 36.8 per cent of the women—more than one in three—were supported primarily by family. The second most common major income source was the husbands or common-law husbands. Approximately 23 per cent of the mothers were supported by husbands or common-law husbands. Public financial assistance (including both Municipal Social Assistance and Provincial Family Benefits) was the third most common means of support (17.7 per cent); unemployment insurance benefits were fourth (14.4 per cent); the mother's own earnings were fifth (3.4 per cent) and support from the baby's father (among those mothers not living with him) was the sixth (3.3 per cent). There was an additional one per cent of the sample who named other major income sourses.

The data are presented in *Table 8:9* together with the corresponding figures for the subsequent two study interviews. An examination of the data reveal some marked changes over the course of the study. For instance, whereas family support was the most common means of support at the outset of the study, by the study's completion it had fallen to fourth most common. On the other hand, the percentage of mothers who were supported primarily by their husbands or common-law husbands, by their own earnings, and by public financial assistance had increased.

When the major source of income was considered in terms of with whom the mothers were living, some important differences were found. In the remainder of this section we will examine those differences, first in the group of mothers who lived on their own and, secondly, in the group who lived with family. The mothers who were married or living

TABLE 8.9

Percentage Distribution of Unmarried Mothers by Major Source of Income or Support at Each Study Phase

Major Source of Income or Support	Immediately Following the Birth of the Child	Nine Months After the Birth	Eighteen Months After the Birth
	(299)	(299)	(299)
Own Earnings	3.4	17.7	18.7
Public Financial Assistance	17.7	25.8	30.8
Unemployment Insurance	14.4	2.3	5.0
Parents, Other Relatives	36.8	14.1	9.7
Husband, Common-Law Husband	23.4	28.7	31.1
Child's Father (Not Living With Him)	3.3	6.0	2.4
Other	1.0	4.7	2.0
No Answer	-	2.7	0.3
TOTAL	100.0	100.0	100.0

common law will not be considered in any detail since their primary source of income was almost always their husbands or common-law husbands.

Mothers on Their Own: Throughout the eighteen months in which the study was conducted the mothers who lived on their own supported themselves and their children primarily by public financial aid. At the first interview, 60 per cent of these women reported public aid as their major source of support (16.0 per cent were receiving Provincial Family Benefits and 44.0 per cent were receiving Municipal Social Assistance). At the nine-month interview the percentage relying on this kind of support had increased to 74.2 (65.7 per cent on Family Benefits and 8.5 per cent on Municipal Social Assistance). This percentage had declined somewhat by the end of the study, but approximately two out of every three mothers on their own (67.4 per cent) were still relying on public financial assistance as their major means of support at this point in time. At the first interview, Unemployment Insurance benefits were the second most common source of support among the women living on their own but, by the end of the study, few mothers were depending on this. Instead, the mother's own earnings represented the second most common means of support at that stage *(Table 8:10)*.

Mothers Living with Family: The first interview showed that almost 60 per cent of the unmarried mothers living with family were also relying on their family as their primary means of support. Over the course of the study this situation changed quite dramatically. At the completion of the project, only 20.3 per cent of the women living with family were also relying on them for their major source of support. Instead, approximately one out of every four of these women supported herself from her own earnings and slightly more than one out of every three depended primarily on public financial assistance *(Table 8:11)*.

Unmarried Mothers in Receipt of Public Financial Aid

In the preceding discussion the receipt of public financial aid was considered along with other income sources only when it was the major source of income. The following discussion examines more closely the mothers' use of public financial assistance, but takes into consideration both those who relied upon it as their primary source of income and those for whom it was only a supplementary means of support.

At the beginning of the study approximately one out of every five unmarried mothers received public financial aid—2.4 per cent received

Family Benefits, 17.7 per cent received Municipal Social Assistance and 0.3 received both. Over the eighteen-month study period the percentage receiving such aid increased until, by the end of the study, approximately one out of every three mothers received either Family Benefits, Municipal Social Assistance or both *(Table 8:12)*. The majority of mothers, however, did not receive public financial aid at any of the study contacts: 79.6 per cent at the first study contact; 72.2 per cent at the second and 65.9 per cent at the third.

Pattern of Receipt of Public Financial Aid: How many mothers received public financial aid at some time during the study? Approximately one out of every two unmarried mothers had (52.2 per cent). On the other hand, there were 141 mothers or 47.2 per cent of the sample who had never received such aid at any time.

TABLE 8:10

Percentage Distribution of Unmarried Mothers Living Alone by Major Source of Income at Each Phase of the Study

Major Source of Income	Immediately Following the Birth of the Child	Nine Months After the Birth	Eighteen Months After the Birth
	(25)	(35)	(49)
Own Earnings	-	14.3	18.4
Family Benefits	16.0	65.7	67.4
Municipal Social Assistance	44.0	8.5	-
Child's Father	4.0	5.7	6.1
Unemployment Insurance	28.0	2.9	4.1
Parents, Other Relatives	8.0	-	2.0
Other	-	-	2.0
No Answer	-	2.9	-
TOTAL	100.0	100.0	100.0

These "patterns of receipt of public financial assistance" are presented in *Table 8:13*. In all, 39 mothers or 13.0 per cent of the sample received public financial aid at all three of the study contacts. An additional 86 women received assistance at either one or two of the study contacts and 31 women had received aid between the first and second interviews or the second and third.

Once a mother started to receive public financial assistance, she tended to continue to receive it. For example, all but one of the mothers receiving aid at the second interview had been receiving it continuously since their initial receipt of aid. At the final interview, all but five of the mothers receiving aid had received it without interruption. The few mothers who had been on assistance, went off, and then went on again, reported various reasons for doing so: changes in marital status; changes in employment, and moves out of province.

TABLE 8:11

Percentage Distribution of Unmarried Mothers Living With Family by Major Source of Income at Each Phase of the Study

Major Source of Income	Immediately Following the Birth of the Child	Nine Months After the Birth	Eighteen Months After the Birth
	(179)	(153)	(128)
Own Earnings	3.4	26.1	26.6
Family Benefits	1.7	26.1	35.2
Municipal Social Assistance	14.5	4.6	4.7
Unemployment Insurance	14.5	2.6	7.8
Parents, Other Relatives	59.8	27.5	20.3
Child's Father	5.0	6.5	3.1
Other	1.1	6.6	2.3
TOTAL	100.0	100.0	100.0

Factors Associated With Receipt of Public Financial Assistance

Living Arrangements: The percentage of mothers receiving public aid among those living alone and those married or living common law remained quite constant throughout the study. For example, in the group of women on their own, 64.0 per cent received aid at the first interview, 74.2 per cent at the second and 67.4 at the third. The corresponding figures for those married or living common law and in receipt of public aid at each successive study contact were 8.0, 3.8 and 5.3 per cent. Only among the women living with family was there any great change over the eighteen-month study period. For instance, the percentage in this particular living arrangement who received public financial aid rose from 20.7 per cent at the first phase of the study, to 34.6 per cent at the second, and to 46.1 per cent at the third *(Table 8:14).*

Age: *Table 8:15* presents a percentage distribution of the unmarried mothers in terms of their age at the time of the child's birth and three different aspects of their receipt of public financial assistance: whether they

TABLE 8:12

Percentage Distribution of Unmarried Mothers by Receipt of Public Financial Assistance at Each Phase of the Study

Receipt of Public Financial Assistance	**Immediately Following the Birth of the Baby**	**Nine Months After the Baby's Birth**	**Eighteen Months After the Baby's Birth**
	(299)	(299)	(299)
Yes, Received Assistance	**20.4**	**27.8**	**34.1**
Family Benefits	(2.4)	(24.4)	(28.8)
Municipal Social Assistance	(17.7)	(3.0)	(4.0)
Both Family Benefits And Municipal Social Assistance	(0.3)	(0.4)	(1.3)
No, Not Receiving Public Assistance	**79.6**	**72.2**	**65.9**
TOTAL	100.0	100.0	100.0

received such assistance at any time during the study; whether they were receiving aid at the end of the study; and whether they received aid at each of three study contacts.

The oldest mothers in the study—those 25 years of age or more at the time of their child's birth—were more likely to have received public financial aid for at least some time during the study than any of the other age groups. Altogether, 61.1 per cent of these women received aid, compared to 40.7 per cent of the women 20-24 years of age, 58.5 per cent of those 17-19 years of age and 51.8 per cent of those less than 17 years of age.

TABLE 8:13

Pattern of Receipt of Public Financial Assistance* Among Unmarried Mothers Over the Eighteen-Month Study Period

Immediately Following the Birth of the Child	Nine Months After the Birth	Eighteen Months After the Birth	Total (299)	Percentage (100.0)
Receiving Aid	Receiving Aid	Receiving Aid	39	13.0
Receiving Aid	Receiving Aid	No Aid	4	1.3
Receiving Aid	No Aid	No Aid	14	4.7
Receiving Aid	No Aid	Receiving Aid	5	1.7
No Aid	Receiving Aid	Receiving Aid	36	12.0
No Aid	No Aid	Receiving Aid	22	7.4
No Aid	Receiving Aid	No Aid	5	1.7
No Aid	No Aid	No Aid	141	47.2
Received Public Financial Assistance Between Study Phases			31	10.4
No Information			2	0.6

* *Public Financial Assistance includes both Family Benefits (Provincial Social Assistance) and Municipal Social Assistance.*

The oldest mothers (25 years or more) were also more likely to have received aid at all three contacts compared to the other age groups. In all, 27.8 per cent of the women 25 years of age or more were receiving aid at the time of each interview, compared to 16.0 per cent of the 20-24 year-olds, 10.6 per cent of the 17-19 year-olds, and 10.7 per cent of those 17 years of age or less.

The oldest mothers were also more likely than any of the other age groups to be receiving aid at the final contact of the study. Of interest was the fact that the youngest group were the second most likely to be in receipt of public aid at that time. The figures for those less than 17 years

TABLE 8:14

Percentage Distribution of Unmarried Mothers in Each Living Arrangement by Receipt of Public Financial Assistance at Each Study Phase

Interview Phase	**Living Arrangement**			
	Alone	Family	Husband/ Common-Law Husband	Others
First Interview	(25)	(179)	(91)	(4)
Receiving Aid	64.0	20.7	8.0	40.0
Not Receiving Aid	36.0	79.3	92.0	60.0
TOTAL	100.0	100.0	100.0	100.0
Second Interview*	(35)	(153)	(107)	(3)
Receiving Aid	74.2	34.6	3.8	33.3
Not Receiving Aid	25.8	65.4	96.2	66.7
TOTAL	100.0	100.0	100.0	100.0
Third Interview*	(49)	(128)	(113)	(6)
Receiving Aid	67.4	46.1	5.3	50.0
Not Receiving Aid	32.6	53.9	94.7	50.0
TOTAL	100.0	100.0	100.0	100.0

* *There was one mother at the second and third interviews for whom there was no data.*

of age were 42.9 per cent, for those 17-19 years, 34.5 per cent; for those 20-24 years, 24.7 per cent; and for those 25 years or more, 50.0 per cent *(Table 8:15)*.

TABLE 8:15

Percentage Distribution of Unmarried Mothers by Receipt of Public Financial Aid at Any Time During the Study Period; by Receipt of Public Financial Aid at the Completion of the Study; by Receipt of Financial Aid at All Three Study Contacts; and by the Age of the Mothers at the Time of the Child's Birth*

Receipt of Public Financial Aid	**Age of Mothers**			
	Less Than 17 Years of Age	17-19 Years of Age	20-24 Years of Age	25 Years of Age or More
	(56)	(142)	(81)	(18)
At Any Time During the Study				
Received Aid	51.8	58.5	40.7	61.1
Never Received Aid	48.2	41.5	59.3	38.9
TOTAL	100.0	100.0	100.0	100.0
At the Final Eighteen-Month Contact				
Received Aid	42.9	34.5	24.7	50.0
Not Receiving Aid	57.1	65.5	75.3	50.0
TOTAL	100.0	100.0	100.0	100.0
At All Three Study Phases				
Received Aid at All Three Phases	10.7	10.6	16.0	27.8
Not Receiving Aid At All Three Phases	89.3	89.4	84.0	72.2
TOTAL	100.0	100.0	100.0	100.0

* *Information was missing for two unmarried mothers.*

Educational Levels: The effect of the educational level of the mother on the pattern of receiving public aid was quite marked. For instance, a significantly larger percentage of the unmarried mothers who had less than a Grade 10 education received public aid at least for some time during the study compared to the women at other educational levels. Altogether, two out of every three of the 133 women with less than a Grade 10 education received public aid at some time during the study. Those who had completed some High School were considerably less likely to have received such aid (46.7 per cent) and those with a completed High School were still more unlikely (29.4 per cent). (Because there were only six women who had more than a High School education, percentaging of this group is misleading and, therefore, they have not been included in this discussion.)

The mothers with the least education were also more likely to have been received aid at all three study contacts. In all, nearly one out of every five of these women received aid at each of the three interviews compared to only 8.4 per cent of those with a partial High School education and 7.8 per cent of those with a completed High School education.

The least well-educated women were also more likely to have been receiving public financial aid at the completion of the study. At that point, 46.6 per cent were receiving public financial assistance compared to 29.0 per cent of those with some High School and 13.7 per cent of those with a completed High School education *(Table 8:16)*.

Family History of Receipt of Public Financial Assistance: The unmarried mothers who received public financial assistance at some time during the study were more likely to have had a family history of being in receipt of public financial aid compared to the women who did not receive financial aid. In all, about two out of every three unmarried mothers, whose parent(s) or guardian(s) had received welfare, were receiving this kind of assistance during the study compared to 46.7 per cent of the mothers whose parent(s) or guardian(s) had never been on welfare. The difference was even more marked when one considers only those who received public financial aid at all three contacts. For example, in the group of mothers whose parent(s) had received public financial aid, 21.4 per cent had been receiving public financial aid at all three contacts. The corresponding figure among the mothers whose parent(s) had never received public financial aid was 9.0 per cent *(Table 8:17)*.

TABLE 8.16

Percentage Distribution of Unmarried Mothers by Receipt of Public Financial Aid and Educational Levels of the Mothers at the Time of the Child's Birth

Receipt of Public Financial Aid	Educational Level of Mothers			
	Less Than Grade 10	Some High School	Completed High School	Some University or Completed University
	(133)	(107)	(81)	(6)
At Any Time During The Study				
Received Aid	66.2	46.7	29.4	50.0
Never Received Aid	33.8	53.3	70.6	50.0
TOTAL	100.0	100.0	100.0	100.0
At All Three Study Phases				
Received Aid at All Three Study Phases	18.8	8.4	7.8	16.7
Not Receiving Aid at All Three Phases	81.2	91.6	92.2	83.3
TOTAL	100.0	100.0	100.0	100.0
At The Final Eighteen-Month Contact				
Received Aid	46.6	29.0	13.7	33.3
Not Receiving Aid	53.4	71.0	86.3	66.7
TOTAL	100.0	100.0	100.0	100.0

Rural-urban Differences: One further difference was noted in the pattern of receipt of public financial aid, based on the rural-urban differences in the unmarried mother sample. In general, mothers residing in urban areas were more likely to have been in receipt of public financial aid and much more likely to have been receiving it at all three study contacts compared to the women residing in rural regions. For example, 58.1 per cent of all the mothers living in urban areas at the final contact had received such aid at some time during the study, compared to 44.8 per cent of those living in rural parts of the province. In addition, approximately one in five of the urban residents received public financial aid at all three contacts compared to just 3.2 per cent of the rural residents.

Reasons the Mothers Stopped Receiving Public Financial Aid

During the second and third interviews all the unmarried mothers who were not receiving public financial aid were asked if they had ever

TABLE 8:17

Percentage Distribution of Unmarried Mothers by Their Pattern of Receipt of Public Financial Aid and Whether the Mothers' Parent(s) or Guardian(s) Had Ever Received Public Financial Aid

Pattern of Receipt of Public Financial Aid	**Mothers Whose Parent(s) or Guardian(s) Received Public Financial Aid**	**Mothers Whose Parent(s) or Guardian(s) Had Never Received Public Financial Aid**
	(89)	(199)
All Three Contacts	21.4	9.0
At Some Time During the Study	43.8	37.7
Never Received Public Aid	34.8	53.3
TOTAL	100.0	100.0
No Information/Unsure Whether Parents Ever Received Public Financial Aid	(11)	

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received it in the preceding nine-month period. Forty-four mothers said they had received public financial aid between the time of the first and second interview, and 26 said they had received it between the time of the second and third contacts. Why did they stop receiving aid? Almost 40 per cent of the women indicated that it was because they or their husbands (or common-law husbands) had found a job. Other mothers gave the following explanations: began to live common law; got married; started to receive Unemployment Insurance Benefits; refused to take baby's father to court; baby apprehended—assistance discontinued by authorities; baby's father began to provide support; and, received training allowance. In addition, there were a few mothers who indicated that living on welfare had hurt their pride and, because of this, they had had their assistance stopped.

Financial Suppport From the Child's Father

In the remainder of this section we will consider in more detail the financial support received from the child's father in those cases where he and the child's mother were not living together. All financial contributions he made are taken into account regardless of whether they were a primary or only supplementary source of support for the mother.

At the beginning of the study, 208 mothers (69.6 per cent of the sample) were not living with the fathers of their children. The figures for the second and third phases were 194 (64.9 per cent) and 191 (63.9 per cent) respectively. In the majority of these cases at each study contact, the mothers received no financial assistance from the fathers of their children. At the outset of the study, for example, 65.4 per cent of the mothers were receiving no financial assistance from the babies' fathers. The corresponding figures for the second and third phases were 56.7 per cent and 62.8 per cent *(Table 8:18)*.

In addition, of those mothers who did receive financial assistance from the child's father most received only irregular or occasional amounts of money or very small sums. At the first interview, only 6.2 per cent of the women not living with the fathers of their children were receiving more than $100 a month from them. The corresponding figures for the second and third interviews were 7.7 per cent and 5.8 per cent. The percentages of mothers who were receiving more than $200 a month were only 1.9, 3.1, and 2.1 at the first, second and third interviews.

Table 8:19 presents a percentage breakdown of those mothers living on their own in terms of whether or not they were receiving any financial help from the baby's father. At the beginning of the study only about one out of every four of these women received such assistance. At the second phase, however, over 60 per cent of the women were receiving help but by the end of the study this percentage had declined to 39.8 per cent.

The percentage of mothers living with family who received financial help from the baby's father remained relatively constant throughout the

TABLE 8:18

Percentage Distribution of Unmarried Mothers Who Were Not Living
With the Child's Father by Amount of Financial Assistance
Received From the Child's Father

Amount of Financial Assistance	**Immediately After the Birth of the Child**	**Nine Months After the Child's Birth**	**Eighteen Months After the Child's Birth**
	(208)	(194)	(191)
Less Than $100 a Month	7.2	17.0	17.8
$100-$200 a Month	4.3	4.6	3.7
$201 or More	1.9	3.1	2.1
Lump Sum Settlement	-	2.6	4.2
Occasional/ Irregular Amounts	21.2	12.4	9.4
No Financial Assistance	65.4	56.7	62.8
Unknown	-	3.6	-
TOTAL	100.0	100.0	100.0
Lives With Child's Father	(91)	(105)	(108)

study. At the beginning of the project, 35.8 per cent were receiving financial help as were 40.5 per cent at the second phase and 36.7 per cent at the conclusion of the study *(Table 8:20)*.

Adequacy of Income

At the final interview each mother was asked to assess how adequate her income was in meeting various day-to-day expenditures such as the cost of food, baby clothing, babysitting services, personal clothing, transportation, furnishings, recreational activities, miscellaneous baby needs and miscellaneous household needs. For each type of need the mother was asked to indicate whether her income was completely adequate in meeting the costs of each of these items, whether it was mostly adequate; mixed—sometimes adequate, sometimes inadequate; mostly inadequate; or completely inadequate.

TABLE 8:19

Financial Support From the Child's Father Received by Unmarried Mothers Living On Their Own at Each Study Phase

Amount of Financial Assistance	**Immediately After the Birth of the Baby**	**Nine Months After the Child's Birth**	**Eighteen Months After the Child's Birth**
	(25)	(35)	(49)
Less Than $100 a Month	8.0	34.3	24.5
$100-$200 a Month	4.0	2.9	-
$201 or More	-	5.7	2.0
Lump Sum Settlement	-	5.7	4.1
Occasional/Irregular Amounts	12.0	5.7	8.2
No Financial Assistance	76.0	40.0	61.2
Unknown	-	5.7	-
TOTAL	100.0	100.0	100.0

In *Table 8:21* the percentage of mothers who found their incomes inadequate is presented in terms of with whom they were living at the last study contact. The data show very clearly that it was the mothers living on their own who experienced the most difficulty in meeting the cost of each of these day-to-day expenditures. Some of the differences were quite marked. For example, 64.5 per cent of the unmarried mothers on their own said that the money they had available to them did not allow recreational expenditures. The corresponding figures among mothers living with family, or with husbands or common-law husbands, by comparison, were 29.7 per cent and 28.7 per cent respectively. In terms of all other items, the mothers on their own were also having more problems: larger percentages of them compared to the women in the other living arrangements found their income inadequate in meeting the costs of food, clothing, transportation, babysitting services, furnishings and miscellaneous baby and household needs.

TABLE 8:20

Financial Support From the Child's Father Received by Unmarried Mothers Living With Their Families at Each Study Phase

Amount of Financial Assistance	Immediately After the Birth of the Baby	Nine Months After the Child's Birth	Eighteen Months After the Child's Birth
	(179)	(153)	(128)
Less Than $100 a Month	7.3	13.7	14.1
$100-$200 a Month	4.5	5.9	5.5
$201 or More	1.7	2.6	2.3
Lump Sum Settlement	-	2.6	3.9
Occasional/Irregular Amounts	22.3	14.4	10.9
No Financial Assistance	64.2	59.5	63.3
Unknown	-	1.3	-
TOTAL	100.0	100.0	100.0

The financial difficulty experienced by mothers living on their own may be attributed to the fact that they were living within the limits of a public assistance budget. Indeed, when we considered the pattern of receipt of public assistance and the degree of adequacy of the mothers' income, we found that those who had been on public assistance at all three study contacts were more dissatisfied with their income compared to the other unmarried mothers.

The greater financial difficulties experienced by the unmarried mothers living on their own may also be attributed to the fact that they had fewer sources of income. For example, 44.9 per cent of these women had only a single source of income at the final interview, compared to only 7.0 per cent of those who lived with their families. Further, only 8.2 per cent of the women on their own had three or more income sources compared to 30.5 per cent of the mothers who lived with family.

TABLE 8.21

Percentage of Unmarried Mothers Who Found Their Incomes Inadequate in Meeting Specified Living Costs in Terms of With Whom They Were Living At The Eighteen-Month Contact*

Type of Expenditure	Lived Alone	Lived With Family	Lived With Husband/ Common-Law Husband
	(49)	(128)	(115)
Food	38.8	10.2	7.0
Baby's Clothing	42.5	19.5	13.9
Babysitting Services	48.5	10.9	7.8
Personal Clothing	68.8	[illegible]	33.0
Transportation	41.3	21.9	17.4
Furnishings	59.1	18.0	22.6
Recreation	64.5	29.7	28.7
Miscellaneous Baby Needs	35.5	18.0	5.2
Miscellaneous Household Needs	45.6	[illegible]	13.0

*In [illegible] cases the mothers were living with friends. Because these were so few [illegible] were excluded from the percentaging in this table.

EDUCATIONAL PURSUITS

The third chapter of this report included a discussion of the educational and training backgrounds of the mothers in the study. In brief, we noted that they had very low levels of education and that training of any kind was entirely absent in all but a small percentage of cases. As a result the mothers' employment potential and their ability to provide an adequate and stable income for themselves and their children seemed slight. Indeed, as we have indicated in the preceding section of this chapter, few of the unmarried mothers over the course of the study were able to find steady jobs which paid well.

Although the educational picture presented in *Chapter 3* described the entire sample of 346 unmarried mothers, the educational levels of just the 299 unmarried mothers who completed the study were much the same. In all, 44.8 per cent of these 299 women had less than a Grade 10 education at the time of their child's birth; 36.1 per cent had only partial High School; and only 19.1 per cent had a completed High School education or better. In addition, only a small percentage had employment training.

If many of these women were to eventually assume the responsibility of providing financial support for themselves and their children, educational upgrading and job training would seem to be essential. An important aim of the study, therefore, was to determine how many of the mothers attempted to improve their educational or training level during the course of the study. An equally important consideration was whether or not they were able to achieve their goal. In instances where the goal was not attained we asked what had prevented the mothers from reaching their objectives.

Resumption of Education or Training

Of the total group of 299 unmarried mothers, 85 women or 28.4 per cent of the sample went back to school or became involved in some type of job training after their children were born. Sixty-two of these women, or 20.7 per cent of the entire sample, had improved their educational or training levels by the end of the study or were still attempting to do so. The remaining mothers who had gone back to school (23, or 7.7 per cent of the entire sample) withdrew before completing or else failed whatever course they had been attending *(Table 8:22)*.

Association Between Age and Outcome of Education Pursuits: The mother's age had a significant influence on whether the course or training she was pursuing was successfully completed. In general, the younger the mother the more likely she was to fail in her attempt to upgrade or improve her educational or training level. Of all the mothers who were less than 17 years of age at the time of their child's birth and who returned to school, 42.4 per cent withdrew before completing the course or grade they were taking, or else had failed. By comparison, only 18 per cent of the 17-19 year olds and 15.4 per cent of the 20-24 year olds had been unsuccessful *(Table 8:23)*. (None of the women 25 years of age or more went back to school during the study).

Association Between Educational Level and Outcome of Educational Pursuits: As with age, the mother's prior level of education had an important influence on the outcome of her educational pursuits over the study period. In general, the less well-educated the woman was, the greater the likelihood that she would be unsuccessful in her educational goals. For example, of the women who had less than a Grade 10 education at the outset of the study and who returned to school, 42.1 per cent failed or withdrew from their course. By contrast, only 20.0 per cent of the women with partial High School and none of those with a High School education or better were unsuccessful *(Table 8:24)*.

TABLE 8:22

Percentage Distribution of Unmarried Mothers by Resumption of
Educational or Training Courses After
the Birth of Their Child

Resumption of Education and/or Training	**Number**	**Percentage**
Did Resume	**85**	**28.4**
Improved Education or Training or Were Attending At Final Phase	(62)	(20.7)
Withdrew or Failed	(23)	(7.7)
Did Not Resume	**214**	**71.6**
TOTAL	299	100.0

TABLE 8:23

Percentage Distribution of Unmarried Mothers by Outcome of Educational Pursuits and Age at the Time of the Child's Birth

Outcome of Educational Pursuits	**Age of Mother at Child's Birth**			
	Less Than 17 Years Of Age	17-19 Years Of Age	20-24 Years Of Age	25 Years Of Age Or More
	(33)	(39)	(13)	(0)
Withdrew or Failed	42.4	18.0	15.4	-
Completed or Still Attending at Final Interview	57.6	82.0	84.6	-
TOTAL	100.0	100.0	100.0	-
Did Not Resume Education	(23)	(105)	(68)	(18)

TABLE 8:24

Percentage Distribution of Unmarried Mothers by Outcome of Educational Pursuits and Prior Educational Levels at the Time of the Child's Birth

Outcome of Educational Pursuits	**Educational Level at Child's Birth**		
	Less Than Grade 10	Partial High School	Completed High School or Better
	(38)	(35)	(12)
Failed or Withdrew	42.1	20.0	-
Completed or Still Attending at Final Interview	57.9	80.0	100.0
TOTAL	100.0	100.0	100.0
Did Not Resume Education	(96)	(73)	(45)

Mothers Who Had Been Attending School Prior to the Birth of Their Child

The preceding section considered the educational pursuits of the entire group of 299 mothers over the course of the study, regardless of whether they had been attending school at the time they became pregnant or not. But the educational outcome of school girls who bear a child out of wedlock is of special interest and, although their numbers were included in the previous discussion, we have opted to discuss this group separately as well.

Out of the total group of 299 unmarried mothers there were 120 women or 40.1 per cent of the sample who had been attending school when they became pregnant. Approximately 40 per cent of these 120 girls finished their grade before the birth of their child and resumed their education afterwards. Another 10.8 per cent dropped out of school during their pregnancy but returned after their child was born. In total then, half of the women who had been attending school when they became pregnant resumed their education after the birth.

The other half of the group of 120 girls did not go back to school. Thirty-three of these women or 27.5 per cent of the total group of 120 had completed their grade before the child was born. The remaining 27 mothers (22.5 per cent of the group of 120) withdrew from school during their pregnancy and did not return afterwards *(Table 8:25)*.

TABLE 8:25

Educational Patterns of the 120 Unmarried Mothers Who Had Been Attending School When They Became Pregnant

Educational Pattern	Number	**Percentage**
Finished Grade before birth, resumed education afterwards	47	39.2
Withdrew before birth, resumed education afterwards	13	10.8
Finished Grade before birth, never resumed afterwards	33	27.5
Withdrew before birth, never resumed afterwards	27	22.5
TOTAL	120	100.0

The mothers with the lowest levels of education were most likely to have withdrawn from school during their pregnancy and not to have returned afterwards. In all, slightly more than a third of the women with less than a Grade 10 education who were attending school when they became pregnant fell into this pattern, whereas only 19.1 per cent of those with a partial High School education and none of those with a completed High School education or better did so.

Outcome of Educational Pursuits Following the Child's Birth: Approximately three-quarters of the mothers who did go back to school after the birth had improved their educational or training level by the completion of the study or were still attending at the final contact. Conversely, one-quarter of the women had either withdrawn or failed whatever grade or course they had been taking. In summary, of all those mothers who had been attending school when they became pregnant, half did not resume their education after their child was born; 13.3 per cent did return but either withdrew or failed the grade or course they were taking; and 36.7 per cent, or approximately one in three of the school girls, resumed their education and had either improved their educational or training levels by the completion of the study or were still attending at that point *(Figure 8:3)*.

Problems Experienced by Mothers Who Successfully Resumed Their Education

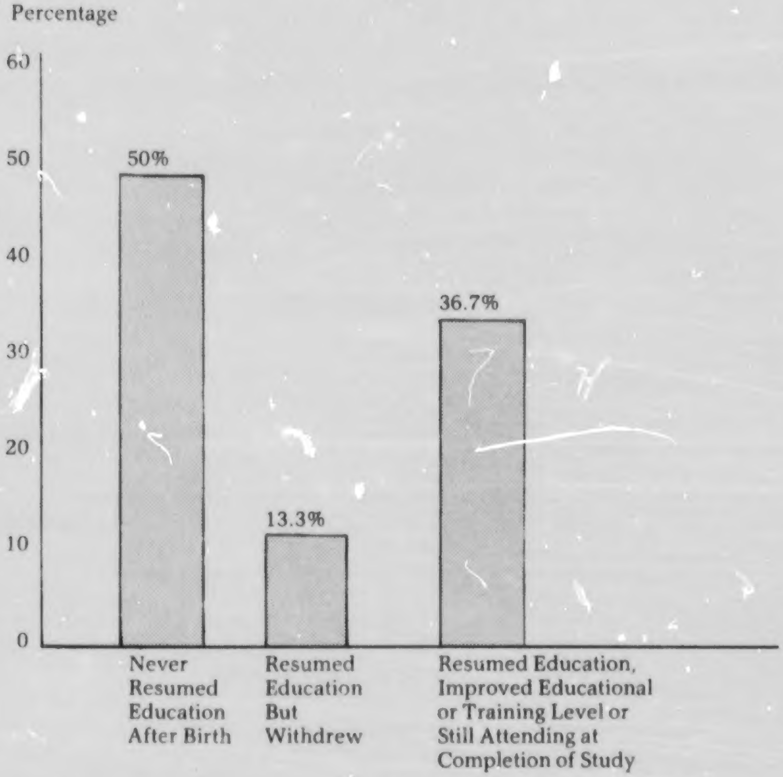
All the women in the sample who had resumed their education at the time of the second or third study contact were asked whether they had experienced any problems returning to school. Quite surprisingly, the vast majority said they had not. Only one woman said she had difficulty arranging child care. A few mothers indicated that the cost of child care and the cost of school supplies had posed problems. As well, a few mothers stated that the negative attitudes of teachers and classmates had made returning to school difficult for them. A few more said that the mental and physical strain caused by the double workload of being both parent and student had been a problem. However, the majority of the mothers who were successful in their pursuit of educational or job training goals, as we have stated, did not experience problems in getting back into the educational system.

Problems of Mothers Who Withdrew From School

For the mothers who withdrew from school the situation was quite different. Almost all of these women had experienced difficulties which they were unable to resolve and which led to their withdrawal from school. The primary problem was finding adequate child care. Over a third of the women who withdrew from school said this was the sole or at least one of the reasons why they had quit. The next most common problem was the stress caused by the double role of student and mother—11.5 per cent of the mothers said this had led to their withdrawal. In addition there was a variety of other difficulties experienced by the mothers who withdrew from school. In each case, however, the particular problem was cited by only one or two mothers. These included the following complaints: financial problems; illness of the child;

FIGURE 8:3

Educational Outcome of 120 Unmarried Mothers Who Were Attending School When They Became Pregnant



transportation difficulties; difficulty of the grade or course; negative attitude of schoolmates, and lack of interest in the subject material of the course.

In all, 72.0 per cent of the mothers indicated that they would have preferred to remain in school. Eight per cent said they had mixed feelings about leaving school and 20.0 per cent stated that they had actually been relieved to quit.

When asked whether they had talked to anyone about their plans before they withdrew, approximately two in three of the mothers said they had. In most cases they discussed it with family members. On the other hand, slightly more than one-third of the mothers said they had not talked to anyone.

Each of the mothers who had not been successful in the pursuit of their educational goals was asked if some kind of assistance would have enabled her to remain in school. Forty per cent reported that they could think of nothing that would have been helpful. The remaining 60 per cent of the women said that such things as financial aid, babysitting services and tutorial services would have allowed them to continue their education.

Regardless of their unsuccessful attempt at continuing their education, the mothers were not discouraged to the point they would not try again at some time. Nearly three-quarters of the women said they planned to resume their educational or training careers in the future. An additional 23.1 per cent said they were unsure whether they would return to school and only 3.9 per cent were definite about never returning to school.

Problems of Mothers Who Attempted Unsuccessfully to Resume Their Education

In addition to the mothers who resumed their education but withdrew, there were 53 mothers in the study who said they had wanted to go back to school but did not for a number of reasons. The most frequently cited problem related to enrollment quotas and restrictions; either the mother did not have the necessary educational prerequisites to enter the training courses which she wanted to take or the course had an enrollment quota which had already been filled. In addition, some mothers could not find babysitters; some did not have sufficient money either to pay for the course they wanted to take or to pay for babysitting

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services; some reported problems with transportation; and finally, a few mothers said they thought that the double workload of parent and student would be too great for them.

Educational Plans of the 214 Unmarried Mothers Who Had Not Resumed Their Education After the Child's Birth

At the outset of the study almost 60 per cent of these 214 mothers said they had no plans whatsoever to go back to school or to take any job training. A further 9.3 per cent were undecided and 31.8 per cent—about one in three of these mothers—said they did plan to improve their educational or job training levels at some time in the future. Over the course of the study there was quite a significant shift in these proportions. For example, at the completion of the study only 37.8 per cent said definitely that they did not plan to go back to school and about one-third stated that they were now undecided *(Table 8:26)*. Many of the mothers who had originally stated that they would never return to school were now obviously rethinking their former decision. Whether that was the direct result of financial strains experienced over the course of the study

TABLE 8:26

Educational Plans of the 214 Unmarried Mothers Who Never Resumed Their Education After the Birth of Their Child

Educational Plans	**Immediately After the Birth of the Baby**	**Nine Months After the Birth of the Baby**	**Eighteen Months After the Birth of the Baby**
	(214)	(214)	(214)
No Plans to Go Back to School or Take Job Training	58.9	35.1	37.8
Undecided	9.3	26.2	29.9
Planned to Go Back to School or Take Some Kind of Job Training	31.8	35.0	31.8
No Answer	-	3.7	0.5
TOTAL	100.0	100.0	100.0

was not determined, but the fact that many more mothers were at least thinking about improving their educational or training levels does suggest that this may have been the case.

SUMMARY

Approximately 60 per cent of the unmarried mothers worked outside the home at some time during the study period. In the majority of cases, they were in either semi-skilled or unskilled jobs. Compared to the married mothers, they were much less likely to have worked continuously throughout the eighteen-month study period and to have had less job stability. The youngest and the least well-educated among the unmarried mothers were less likely to have worked at all or to have worked continuously.

At the end of the study the largest percentage of unmarried mothers relied upon their husbands or common-law husbands as their primary means of support. Public financial assistance was the second most common major source of income, and the third was the mothers' own earnings.

Approximately one out of every two unmarried mothers received public financial aid at some time during the study. The mothers who lived on their own, the mothers with the least amount of education, and the mothers who were the oldest at the time of the child's birth, were most likely to have received public financial aid.

The majority of the unmarried mothers who were not living with the fathers of their children received no financial assistance from him at any of the study phases. When the mothers did receive financial help, it was most often a very small sum of money received on only an occasional or irregular basis.

Slightly more than one-quarter of the unmarried mothers returned to school or took job training over the eighteen-month study period. Most of these women had improved their educational or job training levels by the completion of the study or were still attending courses. The women who withdrew or failed their courses were most often the youngest and the least well-educated.

Of the mothers who had been attending school when they became pregnant, half did not resume their educational careers after the birth of the child. Of those that did go back to school or took a training course, approximately three-quarters had improved their educational or training levels or were still attending courses at the end of the study. About one-quarter of those who returned to school or took a training course withdrew or had failed prior to the completion of the study.

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9 MARITAL STATUS, CONTACT WITH THE CHILD'S FATHER AND SOCIAL PARTICIPATION

All the unmarried mothers who participated in the project were classified as unmarried on the basis of their legal marital status at the time of the child's birth. Some mothers, however, had been living common law prior to the birth and continued to do so afterwards; others began living common law for the first time after their child was born; and still others married during the course of the study. The changing marital status among the participants in the study is analyzed in this chapter along with the relationship over time between the unmarried mother and the father of her child.

An additional aspect of the unmarried mother's life considered in this chapter is the extent and nature of her social participation. A common image of the unmarried mother and one which we have referred to earlier in this report pictures her in semi- or completely isolated circumstances. She is portrayed as a person tied down by the responsibilities of parenting; as someone unable to take part in the social events that other young people her age are enjoying; and as one who eventually becomes depressed and bitter about her monotonous and joyless existence. To determine the accuracy of this portrait, each participant in the study was asked about the nature and extent of her participation in social events. A discussion of the findings forms the final part of this chapter.

CHANGES IN MARITAL STATUS

At the first interview, almost 70 per cent of the mothers were single and were either living with their families, with friends or on their own. Slightly more than one-quarter of the mothers (28.7 per cent) were living in common-law relationships, and five mothers or 1.7 per cent of the sample had married since the birth of their children.

Over the months that followed there was some change in the overall marital status of the "unwed" group. The percentage of single mothers declined over the eighteen-month period from approximately 70 to 60 per cent. The percentage of mothers living common law also decreased whereas the percentage of mothers who were married increased from 1.7 per cent at the first interview to 17.1 per cent eighteen months later[1] *(Table 9:1)*.

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[1] At the second phase, there were 34 mothers (11.3 per cent of the sample) who were married. This is two more than reported as married and living with their husbands in Table 6:1 in the preceding chapter. The difference is explained by the fact that in these two cases the couple were not living together since the husband's work took him away from his wife and child for long periods of time. In each instance the separation was the result of employment ties and was not a marital separation.

Relationship of the Husband/Common-Law Husband to the Child

Most marriages, or common-law unions which were entered into, were with the child's father. At the first interview all of the 86 common-law relationships involved the child's father, and each of the five women who had married wed the father of their child. By the second interview only 4 per cent of the common-law relationships involved someone other than the child's father as did 2.8 per cent of the marriages. By the end of the study, 9.4 per cent of the common-law unions and 3.6 per cent of the marriages were with someone other than the child's father *(Table 9:2)*.

Pattern of Marital Status Over the Study Period

The discussion so far has considered marital status at each phase of the study. On the basis of that data alone, it appeared that there had not been a great deal of change in the marital status of the mothers. But in considering the data in terms of the total group rather than changes to individual circumstances there is a risk of missing internal changes which may have occurred. For example, many of the mothers living common law in phase one may be single by the final phase and many who were single may be in common-law unions by the end of the study. Thus, there would not be much difference between the percentages living single or common law at the first and last phases although there had

TABLE 9:1

Percentage Distribution of "Unmarried" Mothers by Marital Status at Each Phase of the Study

Marital Status	**Immediately After the Baby's Birth**		**Nine Months After the Birth**		**Eighteen Months After the Birth**	
	Number	Percentage	Number	Percentage	Number	Percentage
Single	208	69.6	188	62.9	179	59.9
Common Law	86	28.7	75	25.1	64	21.4
Married	5	1.7	34	11.3	51	17.1
Separated	-	-	2	0.7	4	1.3
Divorced	-	-	-	-	1	0.3
TOTAL	299	100.0	299	100.0	299	100.0

been, in fact, many changes. For this reason, we have examined the marital status of each mother at all three phases of the study. A summary of this data is presented in *Table 9:3*.

Although the data illustrate that there were more changes than previously revealed, most mothers did not change their marital status. For example, 52.5 per cent of the women remained single throughout the study; 15.4 per cent lived in common-law unions at all three phases and 1.4 per cent were married at all three contacts. In all, these mothers who had the same marital status at each of the study contacts accounted for 69.3 per cent of the sample.

Relationship Between the Study Mothers and Their Husbands/Common-Law Husbands

Marriages which occur as a result of an out-of-wedlock birth are generally thought to be less stable than marriages in general. Indeed, out of a total of 56 marriages in the "unmarried" sample, five or 8.9 per cent of them, had ended in separation or divorce by the end of the study. The corresponding incidence of marriage breakup in the married mother sample was six out of 295 marriages or 2.0 per cent.

TABLE 9:2

Percentage Distribution of "Unmarried" Mothers by Marital Status and Relationship of Husband/Common-Law Husband to the Child

Relationship to Child	**Immediately After the Birth of the Baby**		**Nine Months After the Birth**		**Eighteen Months After the Birth**	
	Common Law	Married	Common Law	Married/ Separated	Common Law	Married/ Separated/ Divorced
	(86)	(5)	(75)	(36)	(64)	(56)
Father of the Child	100.0	100.0	96.0	97.2	90.6	96.4
Not The Child's Father	-	-	4.0	2.8	9.4	3.6
TOTAL	100.0	100.0	100.0	100.0	100.0	100.0

To obtain some idea of how well the partners were getting along, we asked each woman to assess the positives and negatives in her relationship with her husband or common-law husband. Here again, the relationship reported by mothers in the unmarried sample did not appear as stable as that reported by the mothers in the married sample.

TABLE 9:3

Marital Status Pattern Among "Unmarried" Mothers Over the Eighteen-Month Study Period

Immediately Following the Birth of the Child	Nine Months After the Birth	Eighteen Months After the Birth	Number	Percentage
Single	Single	Single	157	52.5
Common Law	Common Law	Common Law	46	15.4
Married	Married	Married	4	1.4
Single	Single	Common Law	8	2.7
Single	Single	Married	8	2.7
Single	Single	Separated	1	0.3
Single	Common Law	Common Law	8	2.7
Single	Married	Married	15	5.0
Single	Common Law	Single	4	1.3
Single	Common Law	Married	3	1.0
Single	Separated	Divorced	1	0.3
Single	Married	Separated	2	0.7
Single	Separated	Married	1	0.3
Common Law	Common Law	Single	8	2.7
Common Law	Common Law	Married	6	2.0
Common Law	Married	Married	12	4.0
Common Law	Single	Single	10	3.3
Common Law	Single	Common Law	2	0.7
Common Law	Single	Married	2	0.7
Married	Married	Separated	1	0.3
TOTAL			299	100.0

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Although the vast majority of the mothers, both married and "unmarried", reported that their relationship with their husbands or common-law husbands was predominately positive, almost twice as many "unmarried" mothers reported problems. For example, at the final phase of the study 13.5 per cent of the "unmarried" mothers who were married or living common law said the relationship with their husbands or common-law husbands was either predominantly negative or had both positive and negative aspects. The corresponding figure in the married group was 7.4 per cent.

RELATIONSHIP TO THE FATHER OF THE CHILD

The majority of the mothers studied maintained contact with the father of their child throughout the study period. As already indicated, many of them had married the child's father by the completion of the study and still more were living in a common law relationship with him. Other mothers, although neither married nor living common law, still had contact with the child's father and hoped to marry him in the future.

A summary of the mother's relationship with the child's father is presented in *Table 9:4*. At the first interview, 28.7 per cent of the mothers were living with the child's father in a common law relationship; 1.7 per cent were married to him; 29.8 per cent still had contact and hoped to marry him; 11.3 per cent had contact but no plans for marriage and 27.1 per cent were no longer seeing the child's father at that point.

Over the eighteen months which followed, the percentage of mothers who had ceased to have any contact with the child's father increased only slightly as did the percentage who had contact but no marriage plans. Altogether, these two groups of mothers accounted for 38.4 per cent of the sample at the first phase, 44.1 per cent at the second and 45.8 per cent at the third.

The remaining group of mothers—nearly half of the sample at the end of the study—were either married to the father of their child, living common law with him, or at least had some hopes of marrying him in the future. Over the eighteen-month study period the percentage of mothers marrying the father of their child did, in fact, increase from 1.7 per cent at the first interview to 16.7 per cent at the study's completion. The percentage of mothers living in a common law relationship with the child's father declined over the study period. This decline was due equally to marriage and dissolution of the relationship. The percentage of mothers who said they still had contact with the child's father and hoped to marry him declined as well. Some of these mothers had married the child's father by the end of the study while others had experienced a breakdown in the relationship and had given up any hopes or plans for marriage.

Interest in the Child Shown by the Father

A question of considerable interest was the extent of the father's involvement with his child if he did not live with the child's mother. In the preceding chapter the financial contribution of these men was discussed. In the remainder of this section, their emotional involvement with their child is considered.

To assess this, the mothers were asked how much interest the fathers took in the child's welfare and how much time they spent with the child on a weekly basis. In answer to the first question, approximately half of the mothers who were not living with the child's father said that he took no interest whatsoever. This percentage was about the same for both the

TABLE 9:4

Percentage Distribution of Unmarried Mothers by Relationship to the Baby's Father at Each Study Phase

Relationship With Baby's Father	**Immediately following the Birth of the Baby**	**Nine Months After the Birth**	**Eighteen Months After the Birth**
	(299)	(299)	(299)
Live Common Law	28.7	24.1	19.4
Married to Him	1.7	10.7	16.7
Still Have Contact, Hope to Marry	29.8	17.1	13.7
Still Have Contact, No Marriage Plans	11.3	14.7	15.4
Never See Him	27.1	29.4	30.4
No Answer	1.4	4.0	4.4
TOTAL	100.0	100.0	100.0

second and third phases. At the final phase, in addition to the 50 per cent who reported no interest, there were five mothers who said that they refused to allow the child's father to visit the child and four who said that the child's father had maintained an interest and involvement with the child until shortly before our final visit. This involvement had apparently ceased by the time of our final contact.

Only about one in five of the fathers not living with the child's mother at our last contact appeared to have any extensive contact or interest in their children. For example, 14 of the men were spending between 5-10 hours a week with the child and 43 were evidently spending more than 10 hours a week. The remainder of the fathers did show an interest in the child according to the study mothers, but their actual involvement and contact with the child was much less frequent than those just discussed. Some of these fathers, for example, saw their child once a week; once a month; one weekend a month or less frequently.

SOCIAL PARTICIPATION

At the beginning of this chapter we referred to the image of the unmarried mother as a person socially cut off from her peers who, because of her premature parenting responsibilities, must stay at home to look after the child, missing out on the normal social activities that other young women her age are enjoying. If this image is accurate then we can guess that any joy or satisfaction that she may initially have felt in her role as parent may eventually be diminished or lost altogether. Hence, the young woman's ability to build a life which is satisfactory to herself, and one which consequently provides a happier environment for her child, is dependent to a significant degree upon her ability to get away from the responsibilities of child-caring from time to time and to take part in at least some recreational and social activities or to maintain some meaningful interpersonal relationships.

In order to determine if participation in such activities and relationships was possible for the mothers in our study, they were asked a number of questions about the type of social pursuits they had, the friendships they enjoyed, and the problems with loneliness which they experienced. To keep their answers as meaningful as possible we have discussed them in terms of their living arrangements at the time the information was taken.

Friendships and the Opportunity to Meet New People

Almost all the mothers in the study said they had some close friends. This question, and others relating to friendships, was asked at the time of the second interview when the children were approximately nine months old. Altogether, 49.7 per cent of the unmarried mothers said they had many close friends; 45.5 per cent said they had a few; and only 4.8 per cent said they had none at all. Although the majority of the mothers on their own at the second contact said they had at least some close friends they were, however, more likely to have no friends at all compared to the mothers in the other living arrangements. For example, 11.8 per cent of the mothers on their own reported having no friends, compared to 5.8 per cent of those married or living common law and 2.6 per cent of those living with their families.

A second question asked whether the mothers had the opportunity to make new friends. In the entire sample, about three-quarters said they did. If we consider their answers in terms of with whom they were living, however, there were some significant differences. Although the majority of mothers, regardless of with whom they were living, said they had opportunities to make new friends when they wanted, those living alone reported having less opportunity compared to mothers living in other arrangements. For example, 38.2 per cent of the mothers on their own said they could not meet new people as they would like to. The corresponding figures for those living with family and those who were married and living common law were 19.9 per cent and 27.2 per cent.

Some of the mothers mentioned specific things which prevented them from getting out, such as: insufficient money, lack of babysitters, insufficient time, and few people of the same age in the area where they lived. However, the majority of the mothers, and the mothers living alone more often than any other, said they did not have the opportunity to make new friends because they simply did not go out. In other words, they did not stay home because there was a lack of money or babysitters, but because there either was no place to meet others or they found socializing difficult.

A third question asked of the mothers was whether they would like to make new friends. Once again, the mothers on their own were distinguished from the others. Over half of the mothers who were living by themselves with their child (53.1 per cent) said they would like to have more friends; this is in comparison to 38.0 per cent of those living with family, and 40.4 per cent of those who were married or living common law.

At the second and third interviews all the mothers in the study were asked whether or not loneliness had been a problem for them since the birth of their baby. A summary of their answers is presented in *Table 9:5*. Comparisons are provided of the married mothers, the unmarried mothers as a whole, and unmarried mothers in terms of their living arrangements. In general, the married and unmarried mothers did not differ to any great extent in the frequency with which they found loneliness to be a problem. However, when we considered the unmarried mothers in terms of their living arrangements we found that a much larger percentage of the mothers on their own had experienced loneliness since the birth of their babies. Combining those who said at the third interview that loneliness was a considerable problem and those who said that it was somewhat of a problem, we found the following differences: 18.0 per cent of married mothers experienced a problem, while 17.5 per cent of all unmarried mothers, 16.5 per cent of unmarried mothers who had married or were living common law, 12.5 per cent of unmarried mothers living with family, and 34.7 per cent of unmarried mothers living alone reported having found loneliness a problem since the birth of their baby.

Social and Recreational Activities

To obtain some idea of the nature and extent of social activities in which the mothers participated we asked the mothers to indicate the frequency with which they engaged in a wide range of activities. These activities were combined into four major classifications: inter-personal activities, solitary pursuits, recreational and/or sports events and community activities. The following discussion is based on information gathered at the third interview.

Inter-personal Activities: Involvement in inter-personal activities was considered in terms of the frequency with which the mothers were engaged in visiting friends, visiting family and entertaining friends. A summary of the results is presented in *Table 9:6*. Considering the total married and unmarried samples first, we found little difference in the frequency with which the two groups of women were engaged in inter-personal activities. Approximately 78 per cent of the unmarried mothers said they visited friends often compared to 76.6 per cent of the married mothers. In addition, 76.5 per cent of the unmarried mothers said they visited family often compared to 75.9 per cent of the married mothers. There was, however, a larger percentage of unmarried mothers who said they seldom or never visited friends, and seldom or never entertained friends in their homes.

TABLE 9:5

Percentage Distribution of Unmarried and Married Mothers by Problem With Loneliness Between the First and Second and Second and Third Interviews and by Whom the Unmarried Mothers Were Living With

Problem With Loneliness	Married Mothers	Unmarried Mothers				
		Total	Alone	Family	Husband/ Common-Law Husband	Other
	(295)	(298)*	(35)	(153)	(107)	(3)
Period Between First and Second Interviews						
No Problem	79.3	75.8	68.6	79.1	72.9	100.0
Somewhat of a Problem	18.6	14.8	22.9	11.1	17.7	-
A Considerable Problem	0.7	6.7	5.7	8.5	4.7	-
No Answer	1.4	2.7	2.8	1.3	4.7	-
TOTAL	100.0	100.0	100.0	100.0	100.0	100.0
Period Between Second and Third Interviews	(295)	(298)*	(49)	(128)	(115)	(6)
No Problem	82.0	82.2	65.3	86.7	83.5	100.0
Somewhat of a Problem	17.3	14.1	32.7	7.0	14.8	-
A Considerable Problem	0.7	3.4	2.0	5.5	1.7	-
No Answer	-	0.3	-	0.8	-	-
TOTAL	100.0	100.0	100.0	100.0	100.0	100.0

* *In the second and third interviews there was no information on living arrangements for one mother.*

TABLE 9:6

Percentage Distribution of Unmarried and Married Mothers by the Frequency of Participation in Inter-personal Activities and by Whom the Unmarried Mothers Were Living With

Inter-personal Activity and Frequency of Participation	Married Mothers	Unmarried Mothers				
		Total	Alone	Family	Husband/ Common-Law Husband	Other
	(295)	(298)*	(49)	(128)	(115)	(6)
Visiting Friends						
Often	76.6	78.2	73.5	81.2	76.5	83.3
Occasionally	20.0	15.4	18.4	14.1	15.7	16.7
Seldom	3.4	3.7	6.1	1.6	5.2	-
Never	-	2.7	2.0	3.1	2.6	-
TOTAL	100.0	100.0	100.0	100.0	100.0	100.0
Visiting Family						
Often	75.9	76.5	73.5	78.9	75.6	66.6
Occasionally	12.2	15.8	16.3	14.1	17.4	16.7
Seldom	10.9	5.7	8.2	3.9	6.1	16.7
Never	1.0	2.0	2.0	3.1	0.9	-
TOTAL	100.0	100.0	100.0	100.0	100.0	100.0
Entertaining Friends						
Often	39.3	47.0	46.9	43.0	51.3	50.0
Occasionally	44.4	31.9	38.8	27.3	33.9	33.3
Seldom	14.3	9.7	4.1	10.2	11.3	16.7
Never	1.7	11.4	10.2	19.5	3.5	-
No Answer	0.3	-	-	-	-	-
TOTAL	100.0	100.0	100.0	100.0	100.0	100.0

** There was no information on living arrangements for one unmarried mother.*

Whereas, in the preceding discussion on friendships, the mothers living alone were identified as the ones who most wanted new friends and who experienced loneliness most frequently, in actual fact, they engaged in visiting friends or entertaining friends almost as often as other mothers. The fact that they were on their own with full responsibility for their children must simply have meant that they required more inter-personal contacts.

Solitary Pursuits: The particular solitary pursuits which the mothers were asked about included reading, watching television, and involvement in hobbies such as painting, music, etc. Considering television first, there was little difference between any of the groups of mothers—they all watched television frequently, regardless of marital status and living arrangement. In terms of the other pursuits, the married mothers appear to have been engaged in them more frequently than the unmarried mothers. For example, 68.8 per cent of the married mothers pursued reading as a pastime on a frequent basis compared to 50.3 per cent of the unmarried mothers; and 60.4 per cent of the married mothers were frequently involved in hobbies compared to 50.0 per cent of the unmarried women. There was little difference in the pursuit of solitary activities among the unmarried mothers, regardless of their living arrangements *(Table 9:7)*.

Recreational and/or Sports Activities: This classification included attendance at movies, sports events, fairs and exhibits and participation in sports activities. A summary of the mothers' involvement in these activities is presented in ***Table 9:8***. In each particular area of activity, differences between the married and unmarried mothers were observed, as well as differences between the various sub-groups of the unmarried mothers. A larger percentage of the unmarried mothers never attended movies, sports events, fairs and exhibits or participated in sports events compared to married mothers. Similarly, a larger percentage of the unmarried mothers living alone never participated in any of these activities compared to the mothers in other living arrangements.

Community Activities: The community activities considered included membership in clubs and attendance at meetings and church *(Table 9:9)*. As with the preceding classification of activity, the unmarried mothers were less likely to be involved compared to the married mothers. As well, more of the unmarried mothers on their own, compared to the unmarried mothers in other living arrangements, were involved less often in community activities. For example, 47.1 per cent of

TABLE 9:7

Percentage Distribution of Unmarried and Married Mothers by the Frequency of Engagement in Solitary Pursuits and by Whom the Unmarried Mothers Were Livng With

Solitary Activity and the Frequency With Which it is Pursued	**Married Mothers**	**Unmarried Mothers**				
		Total	Alone	Family	Husband/ Common-Law Husband	Other
	(295)	(298)*	(49)	(128)	(115)	(6)
Reading						
Often	68.8	50.3	46.9	50.0	51.3	66.6
Occasionally	19.0	24.5	28.6	26.5	20.9	16.7
Seldom	6.4	6.7	4.1	5.5	9.6	-
Never	5.8	18.5	20.4	18.0	18.2	16.7
TOTAL	100.0	100.0	100.0	100.0	100.0	100.0
Hobbies/Painting/Music						
Often	60.4	50.0	49.0	51.5	47.9	66.7
Occasionally	13.9	9.7	14.3	7.8	10.4	-
Seldom	9.8	8.4	6.1	10.2	7.8	-
Never	15.9	31.9	30.6	30.5	33.9	33.3
TOTAL	100.0	100.0	100.0	100.0	100.0	100.0
Watching Television						
Often	95.3	96.6	96.0	96.1	97.4	100.0
Occasionally	2.7	1.7	2.0	1.5	1.7	-
Seldom	0.3	0.7	-	0.8	0.9	-
Never	1.7	0.3	-	0.8	-	-
No Answer	-	0.7	2.0	0.8	-	-
TOTAL	100.0	100.0	100.0	100.0	100.0	100.0

** There was no information on living arrangements for one unmarried mother.*

TABLE 9:8

Percentage Distribution of Unmarried and Married Mothers by the Frequency of Participation in Recreational and Sports Activity and by Whom the Unmarried Mothers Were Living With

Recreational/ Sports Activity and Frequency of Participation	**Married Mothers**	**Unmarried Mothers**				
		Total	Alone	Family	Husband/ Common-Law Husband	Other
	(295)	(298)*	(49)	(128)	(115)	(6)
Attending Movies						
Often	26.1	36.2	20.4	43.2	36.5	33.3
Occasionally	58.3	36.6	42.9	30.5	40.0	50.0
Never	15.6	27.2	36.7	27.3	23.5	16.7
TOTAL	100.0	100.0	100.0	100.0	100.0	100.0
Sports as Spectator						
Often	22.4	20.1	16.3	28.9	12.2	16.7
Occasionally	28.8	16.1	8.2	18.7	16.5	16.7
Never	48.8	63.4	75.5	51.6	71.3	66.6
No Answer	-	0.4	-	0.8	-	-
TOTAL	100.0	100.0	100.0	100.0	100.0	100.0
Sports as Participant						
Often	21.7	15.4	4.1	22.6	12.2	16.7
Occasionally	12.5	10.1	6.1	10.2	12.2	-
Seldom	18.7	11.4	4.1	11.7	14.8	-
Never	47.1	62.8	83.7	55.5	60.8	83.3
No Answer	-	0.3	2.0	-		-
TOTAL	100.0	100.0	100.0	100.0	100.0	100.0

Recreational/ Sports Activity and Frequency of Participation	Married Mothers	Unmarried Mothers				
		Total	Alone	Family	Husband/ Common-Law Husband	Other
	(295)	(298)*	(49)	(128)	(115)	(6)
Fairs/Exhibits						
Often	2.7	1.7	-	2.4	1.7	-
Occasionally	75.3	67.5	61.2	69.5	67.8	66.7
Never	22.0	30.5	38.8	28.1	29.6	33.3
No Answer	-	0.3	-	-	0.9	-
TOTAL	100.0	100.0	100.0	100.0	100.0	100.0

* *There was no information on living arrangements for one unmarried mother.*

the married mothers never attended clubs or meetings compared to 66.5 per cent of all unmarried mothers and 75.5 per cent of the unmarried mothers on their own. Further, over 26.4 per cent of the married mothers never attended church compared to 52.0 per cent of the total unmarried group and 59.2 per cent of the unmarried mothers living alone.

Desire for More Involvement in Social Activities

Based upon these findings, there appears to have been little difference in the extent of participation in inter-personal activities between unmarried and married mothers although there was significantly less participation in recreational, sports and community activities. At both the second and third interviews the mothers were asked if being unable to take part in social activities had bothered them since the birth of their babies. A summary of their answers is presented in *Table 9:10*.

Once again it was the unmarried mothers living on their own who stood apart from the other mothers: they were able to take part in social activities less than they would have liked. During the birth to nine-month period, 54.2 per cent indicated that this was a problem—37.1 per cent of mothers reported it as a constant problem and a further 17.1 per cent said it had sometimes been a problem. The corresponding figure in the married group was 32.5 per cent; in the unmarried group living with family, 25.5 per cent; and in the unmarried group that was married or living common law, 31.8 per cent. Although smaller percentages in every group reported this to have been a problem between the nine- and eighteen-month period, the unmarried mothers on their own continued to experience it more frequently than all others.

SUMMARY

The majority of the "unwed" mothers were single at the beginning of the project and remained single throughout the eighteen months. At the

TABLE 9:9

Percentage Distribution of Unmarried and Married Mothers by the Frequency of Participation in Community Activities and by Whom the Unmarried Mothers Were Living With

Community Activity and Frequency of Participation	Married Mothers	Unmarried Mothers				
		Total	Alone	Family	Husband/ Common-Law Husband	Other
	(295)	(298)*	(49)	(128)	(115)	(6)
Clubs, Meetings						
Often	42.4	27.5	20.4	32.1	25.2	33.3
Occasionally	10.5	6.0	4.1	7.0	6.1	-
Never	47.1	66.5	75.5	60.9	68.7	66.7
TOTAL	100.0	100.0	100.0	100.0	100.0	100.0
Attending Church						
Often	52.2	31.2	20.4	32.0	33.9	50.0
Occasionally	20.7	13.8	16.3	14.8	12.2	-
Never	26.4	52.0	59.2	51.6	49.6	50.0
No Answer	0.7	3.0	4.1	1.6	4.3	-
TOTAL	100.0	100.0	100.0	100.0	100.0	100.0

** There was no information on living arrangements for one unmarried mother.*

TABLE 9.10

Percentage Distribution of Unmarried and Married Mothers by Problems Of Social Inactivity Between the First and Second Interviews, and the Second and Third, and by Whom the Unmarried Mothers Were Living With

Problems of Social Inactivity	Married Mothers	Unmarried Mothers				
		Total	Alone	Family	Husband/ Common-Law Husband	Other
	(295)	(298)*	(35)	(153)	(107)	(3)
Period Between First and Second Interview						
Was Not Able to Take Part in Desired Social Activities	18.3	18.8	37.1	16.3	15.9	33.3
Sometimes Restricted	14.2	12.7	17.1	9.2	15.9	33.3
No Problems	66.8	65.8	42.9	72.5	64.5	33.3
No Answer/ Other	0.7	2.7	2.9	2.0	3.7	-
TOTAL	100.0	100.0	100.0	100.0	100.0	100.0
Period Between Second and Third Interview	(295)	(298)*	(49)	(128)	(115)	(6)
Was Not Able to Take Part in Desired Social Activities	9.8	13.1	24.5	9.4	12.2	16.7
Sometimes Restricted	11.5	10.7	8.2	8.6	13.9	16.7
No Problems	78.7	74.2	65.3	79.7	72.2	66.6
No Answer/ Other	-	2.0	2.0	2.3	1.7	-
TOTAL	100.0	100.0	100.0	100.0	100.0	100.0

** In the second and third interviews there was no information on living arrangements for one mother.*

end of the study, approximately 60 per cent of the mothers were still single, about 20 per cent were living common law and nearly 20 per cent had married.

In general, the common-law and marital unions in the unmarried sample appeared to have been less stable than the marital unions of the married mothers; a greater proportion had ended in separation or divorce by the end of the study and a larger percentage of the "unmarried mothers" reported poor relationships with their husbands or common-law husbands compared to married mothers.

The vast majority of the mothers who married or lived common law were with the father of their child. At the end of the study, approximately 20 per cent of the mothers were living in a common-law relationship with him; 17 per cent were married to him; 14 per cent although not married or living common law still had contact with him and hoped to marry in the future, and 45 per cent either had no contact at all with the child's father or else had contact but no hopes or plans for marriage in the future.

Only about half of the fathers who were not living with the child's mother had maintained interest and contact with their child by the end of the study. In addition, only about one in five of the fathers maintained what could be called extensive interest in his child. The remainder, although they evidently showed some interest, did not have frequent contact with their children.

In general, unmarried mothers who lived on their own experienced problems of loneliness and isolation much more frequently than any of the other mothers in the study. Compared to the unmarried mothers in other living arrangements, a larger percentage of the mothers on their own had no close friends, did not have the opportunity to make new friends although they desired more friendships and experienced loneliness during the period in which the study was carried out. These mothers were less likely to have participated in social, recreational and community activities than all other mothers in the study and, as well, experienced social isolation as a problem more often than married mothers or other unmarried mothers who lived with family, who had married or who were living common law.

PART IV

THE WELFARE OF THE CHILD

10 HEALTH AND DEVELOPMENT OF THE CHILD

The investigation of the health and development of the children sought to identify any major differences in the growth and health problems experienced by the children of married and unmarried mothers. The health and developmental data reported in this chapter is derived from three sources: the self-reporting of the mothers who participated in the study; hospital records of the children of the married and unmarried mothers in the Halifax-Dartmouth sub-sample; and growth measurements taken by either the participants' family physicians or Community Health Nurses working in the areas where the study mothers resided.

The chapter is divided into three sections. The first section considers the health of the study children at birth; the second section focuses on the health problems experienced by the children over the eighteen-month study period; and the third section considers the developmental level of the children at eighteen months of age in terms of their height, weight and head circumference.

HEALTH OF THE CHILD AT BIRTH

Birth Weight

The negative effects of low birth weight on the subsequent health and development of a child have been well documented in previous research. Apart from the increased likelihood of obvious physical defects, low birth weight has also been found to increase the chances of impaired perceptual-motor ability and speech, physical and mental retardation, poor achievement in school and poor social adjustment (Crellin, Pringle, and West, 1971; Douglas and Blomfield, 1958; Douglas, 1960; Drillien, 1964; Wiener et al., 1965). The birth weight of the child provides an appropriate starting point, therefore, to investigate differences between the health of children born to married and unmarried mothers.

Given the association between maternal age and birth weight and the fact that our sample of unmarried mothers was considerably younger than the married, we expected to find a much larger proportion of low birth weight babies among the unmarried mothers. Indeed, although the vast majority of the unmarried mothers gave birth to babies who were within the normal birth weight range, they were almost three times as likely to have a low birth weight infant as the married mothers. In all, 7.2 per cent of the babies born to unmarried mothers weighed 2500 grams or less compared to only 2.4 per cent of the babies born to married mothers.

On the other hand, the married mothers were nearly twice as likely as unmarried mothers to bear a child in excess of 4000 grams (14.1 per cent and 7.2 per cent respectively) *(Table 10:1)*.

Age alone did not explain the greater incidence of low birth weight babies among the unmarried mothers, however. Although a larger percentage of the unmarried mothers who had been less than 17 years of age at the time of their children's birth did have low birth weight babies (11.2 per cent), about 5 per cent of the 17-19 year-olds also gave birth to babies weighing less than 2500 grams as did 10.0 per cent of the 20-24 year-olds.

Length of Gestation

Not only were the unmarried mothers more likely to have low birth weight babies, they were also more likely to go into labour four or more weeks early compared to married mothers (6.1 per cent and 3.0 per cent respectively) *(Table 10:2)*. Despite the greater incidence of prematurity, however, the vast majority of the babies born to unmarried mothers were carried for the normal gestation period.

TABLE 10:1

Percentage Distribution of Children Born to Married and Unmarried Mothers by Birth Weight of the Children

Birth Weight In Gram Groups	**Children of Unmarried Mothers**	**Children of Married Mothers**
	Percentage	Percentage
	(346)	(326)
2000 and Under	3.2	0.9
2001- 2500	4.0	1.5
2501-3000	17.9	15.4
3001-3500	37.6	39.3
3501-4000	30.1	28.8
4001 and Over	7.2	14.1
TOTAL	100.0	100.0

Whereas the mothers' age did not have any clear-cut effect on the birth weight of the children, it did have a more obvious effect on the length of gestation. For example, the mothers who were less than 17 years of age at the time of their children's birth were nearly twice as likely to have gone into labour four or more weeks early compared to mothers in both the 17-19 years and the 20-24 years age groups.

Post-Delivery Care

In spite of the greater number of low birth weight babies in the unmarried group, nearly equal proportions of the married and unmarried mothers reported that their children had required special post-delivery care (22.4 per cent and 23.3 per cent respectively) *(Table 10:3)*. In the majority of cases, in both the married and unmarried samples, the special care involved incubation of the babies. Ultra-violet treatment for jaundice was the second most common type of special care, and approximately equal numbers of children in both groups required intravenous feedings.

Birth Anomalies

Slightly more of the married mothers reported congenital malformations among their children—19.9 per cent compared to 17.4 per cent

TABLE 10:2

Percentage Distribution of Married and Unmarried
Mothers by Length of Gestation

Length of Gestation in Weeks	**Unmarried Mothers**	**Married Mothers**
	(342)	(326)
27-36.5 Weeks	6.1	3.0
37-38.5 Weeks	10.0	8.0
39-41.5 Weeks	65.8	69.7
42 or More Weeks	18.1	19.3
TOTAL	100.0	100.0
Unknown	(4)	-

for unmarried mothers. Most of the birth irregularities were common birthmarks or moles and were not serious in nature. Nearly equal percentages of the birth defects reported by both the married and unmarried mothers were serious—2.7 per cent and 1.7 per cent respectively. The serious defects that were mentioned included such things as a heart murmur, liver and anal abnormalities and a hole in the child's heart *(Table 10:4)*.

Infections and Rashes

At the first study interview, approximately equal percentages of the children of married and unmarried mothers were suffering from rashes or infections. In the vast majority of cases, in both samples, the problem was a common heat or diaper rash. Much smaller but equal proportions of mothers in both samples reported cord or skin infections among their children although more babies in the unmarried group had eye, ear or throat infections at the time of the first study interview.

Other Health Problems

Just slightly more of the unmarried mothers reported other health problems among their children compared to married mothers (35.7 per cent and 31.9 per cent respectively). Larger percentages of the unmarried mothers reported respiratory, bowel or sleeping problems in their infants; whereas greater percentages of the married mothers reported problems with feedings and colic among their children. These differences were not statistically significant, however.

TABLE 10:3

Post-Delivery Care Among the Children of Unmarried and Married Mothers

Post-Delivery Care	Children of Unmarried Mothers		Children of Married Mothers	
	Number	Percentage	Number	Percentage
Yes	80	23.3	73	22.4
No	264	76.7	253	77.6
TOTAL	344	100.0	326	100.0
No Information	(2)		-	

The Health of the Child at Birth—Summary

Although a larger percentage of the unmarried mothers went into labour early and had low birth weight babies compared to married mothers, the vast majority of the unmarried mothers carried their children for the normal gestation period and gave birth to babies that weighed within normal birth weight ranges. In addition, there were no major differences reported by the two groups of women in the incidence of health problems among their children. Therefore, although a slightly larger percentage of the unmarried mothers' babies started out life with a weight disadvantage, the vast majority of babies from both study samples were reportedly in good health at the time of the first study interview.

TABLE 10:4

Birth Irregularities Among Children Born to
Married and Unmarried Mothers

Type of Birth Irregularity	Children of Unmarried Mothers		Children of Married Mothers	
	Number	Percentage	Number	Percentage
None	283	82.6	261	80.1
Minor (Birthmark, Moles)	47	13.7	41	12.6
Minor (Hernia, Webbed Toes, Extra Toes, Tongue-Tied)	8	2.0	15	4.6
Major (Heart Murmur, Hole in Heart, Liver or Anal Abnormality)	6	1.7	9	2.7
TOTAL	344	100.0	326	100.0
No Information	(2)		-	

INCIDENCE OF HOSPITALIZATIONS AND HOSPITAL EMERGENCY TREATMENTS AMONG THE STUDY CHILDREN

Each mother who participated in the study was asked to provide details about the hospitalizations and hospital emergency treatments experienced by their child over the eighteen-month study period. The mothers were asked to recount the number of such medical contacts; the nature of the child's illness; and, in cases where the child was hospitalized, the length of stay.

Based on these accounts, comparisons were made of the children of married and unmarried mothers. The initial analysis of the data uncovered some very significant differences. For example, a much larger percentage of the children of unmarried mothers had been hospitalized or treated at hospital Emergency Departments by the time they were eighteen months old; those that were hospitalized or treated at Emergency Departments were much more likely to have had more than one such contact; and, when the children were hospitalized, their average length of stay was much longer than that of children born to married mothers.

The extent of these differences between the children of married and unmarried mothers raised a very important question: are the children of unmarried mothers actually in poorer health during early infancy than the children of married women? A count of the number of hospitalizations and Emergency Department treatments alone could not answer this question, although the greater length of hospitalization did suggest that the children of unmarried mothers had experienced more serious health problems.

There could have been alternative explanations for the differences found between the two groups of children, however. The unmarried mothers, being younger and perhaps less confident about their parenting ability, may have taken their children to Emergency Department units for problems that most mothers would have either handled themselves or brought to the attention of their family doctors. Thus, the hospital Emergency Department may have been used by many of the unmarried mothers as if it was a medical clinic rather than for its intended use—emergency medical problems. If such was the case, then the actual health problems experienced by the children of unmarried mothers may have differed very little from those experienced by the children of married mothers. In addition, the greater length of hospitalizations among the children of unmarried mothers may have been the result of social and parenting problems experienced by the unmarried mothers rather than more serious illnesses among their children.

Although the initial study findings were important in that they seemed to identify a very significant health or at least, health-care problem among the children of unmarried mothers, the true significance of the married-unmarried differences could not be determined without further exploration. Whether the differences reflected more serious health problems among the children of unmarried mothers as we have suggested; whether they resulted from a lack of confidence on the part of the child's mother or insufficient child-care knowledge; or whether they resulted from parenting and social problems in the home had to be determined.

A separate study was undertaken to provide these answers. This involved a review of the actual medical records for each child. Such a review was only possible in the Halifax-Dartmouth area where emergency care of children is provided by two hospitals and hospitalizations by only one. Therefore, only the mothers who had resided in the Halifax-Dartmouth area were selected for this supplementary study.

In all, there was a total of 113 unmarried mothers in the Halifax-Dartmouth sub-sample (32.7 per cent of the total unmarried sample) and 110 married mothers (33.7 per cent of the total married sample). The unmarried mothers had a total of 115 children (two sets of twins) and the married mothers had a total of 110 children.

Since access to the children's medical records provided an opportunity to obtain more accurate information on the numbers of hospitalizations and emergency treatments, the length of hospital stay and so on, this information was collected a second time for the sub-samples. A Community Health Nurse was hired to conduct the review and, to eliminate possible bias, the study participants were not identified by marital status.

To assess the seriousness of the child's ailment, the following kinds of information were considered: the mother's account of the child's problem given to the doctor at the time of the medical contact; the doctor's observations and findings; any special tests which were conducted and their results; the doctor's diagnosis; and the type of treatment prescribed. When there was any doubt about the seriousness of a particular ailment, the case was discussed with a resident pediatrician in The Izaak Walton Killam Hospital for Children in Halifax.

Hospitalizations and Emergency Treatments Experienced by the Children in the Halifax-Dartmouth Sub-Samples

Percentage of Children Hospitalized and Treated at Emergency: Based on the self-reports of the entire sample of mothers who participated in the study, we found that a significantly larger percentage of the unmarried mothers' children had been hospitalized or treated in Emergency Departments during the study period compared to the married mothers' children. The review of hospital records of the Halifax-Dartmouth sub-sample confirmed this finding. In all, 78.3 per cent of the children of unmarried mothers in the Halifax-Dartmouth sub-sample were hospitalized or treated at Emergency Departments over the eighteen-month study period compared to 52.7 per cent of the children of married mothers—approximately one and one-half times as many *(Table 10:5)*.

The greatest difference occurred during the first nine months of life. During this period, 63.5 per cent of the children born to unmarried mothers were hospitalized or treated at Emergency Departments compared to only 30.0 per cent of those born to married mothers—slightly more than twice as many. From 9-18 months the difference, although

TABLE 10:5

Percentage of Married and Unmarried Mothers' Children Who Were Hospitalized or Treated at Emergency Departments During Their First Eighteen Months of Life

Hospitalized or Treated at Emergency Departments	**Children of Unmarried Mothers**		**Children of Married Mothers**	
	Number	Percentage	Number	Percentage
Yes	90	78.3	58	52.7
No	25	21.7	52	47.3
TOTAL	115	100.0	110	100.0

Chi Square = 16.28, df = 1, p <.001

still significant, did decline. During this period, 56.5 per cent of the unmarried mothers' children were hospitalized or treated at Emergency Departments compared to 39.1 per cent of the married mothers' children—nearly one and one-half times as many.

Number of Times the Study Children Were Hospitalized or Treated at Emergency Departments: In addition to the fact that unmarried mothers' children were more likely to have been hospitalized or treated at Emergency Departments, they were also more likely to have had more than one such contact. For example, nearly 30 per cent of the children born to unmarried mothers in the Halifax-Dartmouth sub-sample had been hospitalized or treated at Emergency Departments two or three times, compared to only 20.9 per cent of the married mothers' children; 15.7 per cent had four or five such contacts, compared to 2.7 per cent of the married mothers' children; and 11.3 per cent had six or more hospitalizations or emergency hospital treatments compared to only 2.7 per cent of the children born to married mothers *(Table 10:6)*.

Total Number of Hospitalizations and Emergency Department Treatments: Altogether, there was a total of 292 hospitalizations and emergency treatments among the children born to unmarried mothers in the Halifax-Dartmouth sub-sample compared to 115 among the children

TABLE 10:6

Number of Times the Children Were Admitted to Hospital or Treated at Emergency Departments

Number of Contacts	Children of Unmarried Mothers		Children of Married Mothers	
	Number	Percentage	Number	Percentage
None	25	21.7	52	47.3
One	25	21.7	29	26.4
Two-Three	34	29.6	23	20.9
Four-Five	18	15.7	3	2.7
Six or More	13	11.3	3	2.7
TOTAL	115	100.0	110	100.0

Chi Square = 28.75, df = 4, p <.001

of married mothers. The average number of such contacts per child was 2.54 in the unmarried sample (292 contacts divided by 115 children) and 1.05 in the married sample (115 contacts divided by 110 children). Consequently, there were nearly two and one-half times as many hospitalizations or emergency treatments per child among those born to unmarried mothers compared to those born to married mothers.

Hospitalizations

Percentage of Children Hospitalized: Thirty-five of the children born to unmarried mothers or 30.5 per cent of the total sub-sample were hospitalized at some time during their first eighteen months of life. By comparison, only 11 of the children born to married mothers, or 10.0 per cent, were hospitalized during this period.

Of the children who were hospitalized, those born to unmarried mothers were much more likely to have been admitted on more than one occasion compared to the children of married mothers (11.4 per cent and 1.8 per cent respectively). In all, 9.6 per cent of the unmarried mothers' children were hospitalized two or three times; one child was hospitalized four or five times; and one child was hospitalized on more than six occasions *(Table 10:7)*.

TABLE 10:7

Number of Times the Children Were Admitted to Hospital

Number of Admissions	**Children of Unmarried Mothers**		**Children of Married Mothers**	
	Number	Percentage	Number	Percentage
None	80	69.5	99	90.0
One	22	19.1	9	8.2
Two-Three	11	9.6	2	1.8
Four-Five	1	0.9	-	-
Six or More	1	0.9	-	-
TOTAL	115	100.0	110	100.0

Total Number of Hospitalizations: In all, there was a total of 59 hospitalizations among the children of unmarried mothers compared to only 13 among the married mothers' children. This amounted to an average of 0.51 hospitalizations per child in the unmarried sample and 0.12 in the married sample. Therefore, the average number of hospitalizations per child in the unmarried sample was more than four times that of the married sample.

Approximately two out of every three hospitalizations in the unmarried sub-sample occurred during the first nine months following the child's birth. By comparison, just slightly more than a third of the hospitalizations of the children born to married mothers occurred during this period. Therefore, although the children of unmarried mothers were hospitalized more frequently during either the first nine months of life or the 9-18 month period compared to the children of married mothers, the discrepancy was significantly greater during the earlier period.

Length of Time the Child was Hospitalized: Whereas the majority of the children in the married sample who were hospitalized stayed only three days or less (53.8 per cent), most of the children in the unmarried sample were hospitalized for longer than three days (64.4 per cent). In all, 27.1 per cent of the hospitalized children from the unmarried sample stayed 4-6 days; another 27.1 per cent remained in hospital for 7-14 days; and 10.2 per cent stayed more than 14 days. None of the children in the married sample were hospitalized for over 14 days *(Table 10:8)*.

TABLE 10:8

Length of Time the Children Were Hospitalized

Length of Stay in Hospital	**Children of Unmarried Mothers** (115)		**Children of Married Mothers** (110)	
	Number of Hospitalizations	Percentage	Number of Hospitalizations	Percentage
1- 3 Days	21	35.6	7	53.8
4- 6 Days	16	27.1	4	30.8
7-14 Days	16	27.1	2	15.4
Over 14 Days	6	10.2	-	-
TOTAL	59	100.0	13	100.0

In order to determine the likelihood of a child in either sample being hospitalized for 1-3 days, 4-6 days, and so on, the average number of hospitalizations for these specific lengths of time was computed out of the total number of children in each sub-sample. In general, a greater average number of children in the unmarried sample were hospitalized regardless of the length of stay. For example, they were three times as likely to have been hospitalized for 1-3 days as the children of married mothers (0.18 hospitalizations per child of 1-3 days versus 0.06 in the married sample). They were three and one-half times as likely to have been hospitalized for 4-6 days (0.14 hospitalizations per child of 4-6 days verus 0.04 in the married sample). They were seven times as likely, on average, to have been hospitalized for 7-14 days (0.14 hospitalizations per child of 7-14 days versus 0.02 in the married sample). Finally, there was an average of 0.05 hospitalizations of more than 14 days among the children of unmarried mothers whereas none of the children of married mothers were hospitalized for this length of time *(Table 10:9)*.

Seriousness of the Ailments: Each hospitalization experienced by the children in the Halifax-Dartmouth sub-sample was assigned to one of four categories depending upon the reason for the admission. These categories included the following: admissions resulting from moderately serious health problems; admissions resulting from serious ailments; social admissions and admissions resulting from poor parenting practices. The designation of "social admission" was used in cases where the hospitalization occurred—not because the child was ill enough to be hospitalized—but because the parent(s) could no longer cope with the

TABLE 10:9

Average Number of Children Hospitalized
by Length of Hospitalization

Length of Stay in Hospital	Children of Unmarried Mothers	Children of Married Mothers
	(115)	(110)
1- 3 Days	0.18	0.06
4- 6 Days	0.14	0.04
7-14 Days	0.14	0.02
More Than 14 Days	0.05	-

day-to-day care of the infant. The designation of "parenting problems" was used whenever the child's illness was clearly established as having resulted from poor child-caring practices.

On average, the children in the Halifax-Dartmouth sub-sample who had been born to unmarried mothers were seven and one-half times as likely to have been hospitalized because of a serious health problem compared to children born to the married mothers (0.15 serious health problems per child in the unmarried sample versus 0.02 in the married sample). In addition, they were approximately three and one-half times as likely to have been hospitalized for a moderately serious health problem (0 34 moderately serious health problems per child in the unmarried sample versus 0.10 in the married sample). Finally, whereas there were no incidents of social admissions or hospitalizations because of parenting problems in the married sample, there were two social admissions in the unmarried sample and one hospitalization resulting from parenting problems *(Table 10:10)*.

Of the children in both samples who were hospitalized, the majority were admitted because of moderately serious health problems (66.1 per cent of the hospitalizations of children in the unmarried sample, and 84.6 per cent of those in the married sample). However, the percentage which was admitted with serious ailments, although smaller in both samples was, nonetheless, greater in the unmarried group compared to the married (28.8 per cent versus 15.4 per cent respectively) *(Table 10:11)*.

TABLE 10:10

Average Number of Children Hospitalized by Reason for Hospitalization

Reason for Hospitalization	**Children of Unmarried Mothers**	**Children of Married Mothers**
	(115)	(110)
Serious Health Problem	0.15	0.02
Moderately Serious Health Problem	0.34	0.10
Social Admission	0.02	-
Parenting Problem	0.01	-

The weight of the children at birth did not have an effect on the subsequent seriousness of health problems. The average birth weight of the children who were admitted to hospital was similar regardless of whether the illness had been serious or only moderately serious, or whether the child was born to an unmarried or married mother.

Specific Health Problems Resulting in Hospitalizations: On average, the children of unmarried mothers were more likely to have been hospitalized for all categories of medical problems except ear and throat ailments, infectious fevers, and sight and eye problems. With some particular categories of health problems the differences were marked. For example, the unmarried mothers' children were, on average, ten times as likely to have been hospitalized for feeding and digestive problems; four times as likely to have been hospitalized for lower respiratory problems; and six times as likely to have been hospitalized for upper respiratory ailments *(Table 10:12)*.

Factors Associated With the Incidence of Hospitalizations: The age of the unmarried mothers had no effect on either the number of hospitalizations experienced by their children or the seriousness of the

TABLE 10:11

Reasons for Hospitalizations Among Children of Married and Unmarried Mothers

Reason for Hospitalization	**Children of Unmarried Mothers** (115)		**Children of Married Mothers** (110)	
	Number of Hospitalizations	Percentage	Number of Hospitalizations	Percentage
Serious Health Problem	17	28.8	2	15.4
Moderately Serious Health Problem	39	66.1	11	84.6
Social Admission	2	3.4	-	-
Parenting Problems	1	1.7	-	-
TOTAL	59	100.0	13	100.0

children's illnesses. The two social admissions and the one admission resulting from parenting problems did occur to the children of mothers who had been in their teens at the time of the birth, however.

TABLE 10:12

Average Number of Children Hospitalized by Specific Kinds of Health Problems

Health Problem Resulting in Hospitalization	Children of Unmarried Mothers (115)		Children of Married Mothers (110)	
	Number of Hospitalizations	Average Per Child	Number of Hospitalizations	Average Per Child
Respiratory (Bronchitis, Croup, Asthma, Pneumonia)	24	0.21	6	0.05
Respiratory (Colds, Upper Respiratory Infection, Coughs)	7	0.06	-	-
Feeding and Digestive Problems	11	0.10	1	0.01
Ear and Throat Ailments	2	0.02	2	0.02
Skin Disorders	4	0.03	-	-
Infectious Fevers	1	0.01	1	0.01
Sight and Eye Problems	2	0.02	2	0.02
Heart Disorders	1	0.01	-	-
Urinary and Genital Disorders	1	0.01	-	-
Negative Reaction To Needle	1	0.01	-	-
Fever, Cause Unknown	-	-	1	0.01
Miscellaneous	3	0.03	-	-
Social Admission	2	0.02	-	-
TOTAL	59		13	

The educational level of the unmarried mothers was associated with both the incidence of hospitalization and the seriousness of the child's ailment. The lower the educational level of the mother, the more likely her child was to have been hospitalized and the more likely the child was to have had a serious health problem.

Whether or not the mother was living above or below the poverty line was even more strongly associated with the incidence of hospitalizations and the seriousness of the children's ailments.[1] For example, 30.4 per cent of the unmarried mothers who were living below the poverty line had their children hospitalized on one or two occasions compared to only 15.1 per cent of the unmarried mothers living above the poverty line. In addition, 10.7 per cent of the unmarried mothers living below the poverty line had their children hospitalized on three or more occasions whereas none of the children born to unmarried mothers living above the poverty line were hospitalized this often. On average, the mothers living in poverty were six and one-half times as likely to have had their children admitted to hospital with a moderately serious health problem and three and one-half times as likely to have had their children admitted with a serious health problem compared to the mothers living above the poverty line.

Hospital Emergency Treatments

As well as experiencing more hospitalizations, the children of unmarried mothers also experienced more hospital emergency treatments during their first eighteen months of life. In all, approximately one and one-half times as many of the unmarried mothers' children were taken to Emergency Departments for treatment compared to the married mothers' children (73.9 per cent and 49.1 per cent respectively) *(Table 10:13)*.

Number of Times the Children Were Treated at Emergency Departments: Whereas a slightly larger percentage of the entire sub-sample of children born to married mothers was taken to Emergency Departments on only one occasion, the children of unmarried mothers were more than twice as likely to have received emergency treatment more than once (47.8 per cent and 20.9 per cent respectively). In all, 27.0 per cent of the children in the unmarried sub-sample were taken to Emergency Departments two to three times, compared to 15.5 per cent

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[1] To determine whether mothers living with other persons were above or below the poverty line, the total family income was considered.

of the children in the married sample; 11.3 per cent were taken four to five times, compared to 2.7 per cent of the married mothers' children; and 9.5 per cent were taken more than six times, compared to 2.7 per cent of the married mothers' children *(Table 10:14)*.

Total Number of Hospital Emergency Treatments: Over the eighteen-month study period, there was a total of 233 Emergency Department treatments among the children of the unmarried mothers and 102 among the married mothers' children. This amounted to an average of 2.03 emergency treatments per child in the unmarried mothers' sub-sample and 0.93 in the married mothers' sub-sample—slightly more than double.

Seriousness of the Ailment: Each Emergency Department treatment was classified according to whether the child had a moderately serious health problem or a minor health problem. Overall, the children of unmarried mothers were more likely to have been taken to Emergency Departments for both moderately serious and minor health problems. For example, they were approximately one and one-half times as likely to have been treated for a moderately serious ailment compared to the children of married mothers (0.67 moderately serious health problems

TABLE 10:13

Percentage of Children Treated at Emergency Departments
in the Unmarried and Married Samples

Treated at Emergency Departments	**Children of Unmarried Mothers**		**Children of Married Mothers**	
	Number	Percentage	Number	Percentage
Received Emergency Treatment	85	73.9	54	49.1
Did Not Receive Emergency Treatment	30	26.1	56	50.9
TOTAL	115	100.0	110	100.0

Chi Square = 14.67, df = 1, $p < .001$

per child versus 0.40 in the married sample). In addition, they were two and one-half times as likely to have been treated for minor problems (1.36 minor health problems per child versus 0.54 in the married subsample) *(Table 10:15)*.

Our original intent was to further classify the hospital emergency treatments into those that were medically justified and those that were non-medically justified. The non-medically justified emergency contacts would have been ones where the particular problem could have been dealt with in the home. Further, we hoped to identify the specific cause of the non-medically justified emergency treatment—whether it resulted from a lack of confidence on the part of the mother, a lack of child-care knowledge, or both.

In some cases, the doctor who attended the child noted on the medical chart whether maternal anxiety or a lack of child-care knowledge was the underlying reason for the emergency contact rather than ill-health of the child. In addition, the Community Health Nurse who conducted the review of the medical charts identified many more cases that seemed to have resulted from either a lack of confidence on the part of the mother, insufficient child-care knowledge, or both. In

TABLE 10:14

Number of Hospital Emergency Treatments Received by the Children of Unmarried and Married Mothers

Number of Treatments at Emergency Departments	**Children of Unmarried Mothers**		**Children of Married Mothers**	
	Number	Percentage	Number	Percentage
None	30	26.1	56	50.9
One	30	26.1	31	28.2
Two-Three	31	27.0	17	15.5
Four-Five	13	11.3	3	2.7
Six or More	11	9.5	3	2.7
TOTAL	115	100.0	110	100.0

Chi Square = 22.68, df = 4, p < .001

these latter cases, the children were not seriously ill and, based upon the mother's account of the child's problem, the Community Health Nurse judged that the situation could have been dealt with in the home had the mother been more confident with the child or more knowledgeable of general child care.

On the basis of this information, almost half of the emergency contacts made by the unmarried mothers were found to have stemmed from these other causes rather than true emergency medical problems. By comparison, only about 17 per cent of the emergency visits made by married mothers were identified as such. This does not mean that the children in these instances were not sick at all. Most of them were ill but, in the opinion of the attending doctor or the Community Health Nurse, the emergency contact could have been avoided if the mother in question had more confidence in her ability to cope with the minor ailment or if she had more knowledge about how to deal with it. Some of the educational problems included knowing how to do the following things: treating constipation; preparing formula; taking a temperature; feeding an infant; treating minor colds; distinguishing between vomiting and spitting up; controlling body temperature; recognizing diarrhoea; providing proper nutrition and a proper diet; introducing solid foods; and treating nosebleeds, insect bites and diaper rash.

TABLE 10:15

Seriousness of the Health Problems Resulting in Emergency Department Treatments Among the Children of Married and Unmarried Mothers and Average Number of Children Having Moderately Serious and Minor Health Problems

Seriousness of Health Problem	Children of Unmarried Mothers (115)		Children of Married Mothers (110)	
	Number of Emergency Treatments	Average Per Child In Total Sample	Number of Emergency Treatments	Average Per Child In Total Sample
Moderately Serious	77	0.67	44	0.40
Minor Problem	156	1.36	58	0.54
TOTAL	233		102	

A much larger percentage of the emergency contacts made by the unmarried mothers during the first nine months of their children's lives were minor in nature compared to those made during the nine to eighteen-month period. A similar trend was noted among the married mothers as well, although it was not so pronounced. Therefore, maternal anxiety and insufficient child-care knowledge seem to have been an even greater factor during this time than when the children were older.

Reason for Emergency Treatment: On average, there was a greater number of hospital emergency treatments among the children of unmarried mothers for almost all the various categories of medical problems. For example, the average number of emergency visits for upper respiratory ailments was approximately three and one-half times as great among the children of unmarried mothers as married mothers; the average number of ear and throat ailments was almost two and one-half times as great; and the average number of feeding and digestive problems and skin disorders per child was approximately two and one-half times as great *(Table 10:16)*. The greater incidence of emergency contacts because of upper respiratory ills, feeding and digestive problems and skin disorders most often stemmed from the unmarried mother's lack of knowledge and confidence.

TABLE 10:16

Reasons for Hospital Emergency Treatment Among Children of Unmarried and Married Mothers

Reason for Emergency Treatment	**Children of Unmarried Mothers** (115)		**Children of Married Mothers** (110)	
	Number of Emergency Department Treatments	Average Number Per Child in Total Sub-Sample	Number of Emergency Department Treatments	Average Number Per Child in Total Sub-Sample
Respiratory (Bronchitis, Croup, Asthma, Pneumonia)	11	0.10	12	0.11
Respiratory (Colds, Upper Respiratory Infections, Coughs)	55	0.48	15	0.14

TABLE 10:16 (Continued)

Reasons for Hospital Emergency Treatment Among Children of Unmarried and Married Mothers

Reason for Emergency Treatment	Children of Unmarried Mothers (115)		Children of Married Mothers (110)	
	Number of Emergency Department Treatments	Average Number Per Child in Total Sub-Sample	Number of Emergency Department Treatments	Average Number Per Child in Total Sub-Sample
Ear, Throat Ailments	65	0.57	27	0.25
Feeding, Digestive Problems	43	0.37	15	0.14
Skin Disorders	20	0.17	8	0.07
Sight and Eye Problems	9	0.08	2	0.02
Mouth Ailment	1	0.01	2	0.02
Infectious Diseases, Fevers	9	0.08	5	0.05
Bone, Joint, Muscular Problems	-	-	1	0.01
Urinary and Genital Disorders	3	0.03	1	0.01
Negative Reactions To Needles, Medication and Allergic Reaction	-	-	3	0.03
Fever, Unknown Origin	3	0.03	6	0.05
Hernia	2	0.02	1	0.01
Miscellaneous	4	0.04	1	0.01
Unknown (Didn't Stay to See Doctor)	1	0.01	-	-
Social/Healthy Baby—Anxious Mother	7	0.06	3	0.03
TOTAL	233		102	

Factors Associated With Emergency Care: As with hospitalizations, the age of the unmarried mothers did not influence either the number of emergency contacts, or the seriousness of the health problems which had prompted the contact. But, whereas the educational level had an effect on hospitalizations, it had no corresponding effect on either the incidence of emergency treatments or the seriousness of the health problems which had resulted in the emergency contact. The unmarried mothers living below the poverty line were more likely to have taken their children to Emergency Departments more than twice, and their children were more likely to have had more serious health problems compared to the unmarried mothers living above the poverty line. The differences were not statistically significant, however.

PHYSICAL DEVELOPMENT OF THE CHILD AT EIGHTEEN MONTHS

At the completion of the study, information was collected on the height, weight and head circumference of each child. This information was provided by either the mothers' family physicians or Community Health Nurses employed in the areas where the study mothers resided. Unfortunately, this data was not available for all the children whose mothers completed the study. In addition, there were cases in which only one or two of the measurements were provided. In all, weight measurements were completed for 286 children in the unmarried sample and 290 in the married sample; height measurements for 286 children in the unmarried sample and 289 in the married; and head circumference measurements for 282 children in the unmarried sample and 285 in the married.

The measurements were plotted on growth charts according to the exact age of the child at the time the measurements were taken. The growth charts employed in the study were those developed by Harold C. Stuart, M.D., and associates at the Department of Maternal and Child Health, Harvard School of Public Health in Boston, Massachusetts. Any child whose height, weight or head circumference is either below the 10th percentile or above the 90th is considered to exhibit possible developmental problems.

In spite of greater numbers of hospitalizations and hospital emergency treatments among the children of unmarried mothers during their first eighteen months of life, their physical development at the end of that period of time was not substantially below that of the children of married mothers. For example, 12.9 per cent of the unmarried mothers' children were below the 10th percentile in height compared to 10.4 per cent of the married mothers' children; 11.2 per cent were below the 10 percentile in weight compared to 7.2 per cent of the children of married mothers; and 5.7 per cent of the children born to unmarried mothers were below the 10th percentile in head circumference compared to 3.5 per cent of the married mothers' children *(Table 10:17)*.

There was no association between the age of the mother and whether the child was outside the normal developmental ranges. The birth weight of the child did have an effect in the unmarried sample, however, in that those babies who weighed less than 3000 grams at birth (25.9 per cent) were more likely to be below the 10th percentile in weight eighteen months later. For example, approximately two-thirds of the babies below the 10th percentile at 18 months weighed less than 3000 grams at birth. This did not occur in the married mothers' sample. The married mothers' children who weighed less than 3000 grams at birth were more likely to have caught up to the normal developmental level by the time they were eighteen months old.

TABLE 10:17

Percentage of Children of Unmarried and Married Mothers Either Above the 90th or Below the 10th Percentile in Height, Weight and Head Circumference

Growth Measurements	Children of Unmarried Mothers			Children of Married Mothers		
	Number of Children	Above the 90th Percentile	Below the 10th Percentile	Number of Children	Above the 90th Percentile	Below the 10th Percentile
Height	284	12.6	12.9	289	16.3	10.4
Weight	284	17.5	11.2	290	16.9	7.2
Head Circumference	280	12.4	5.7	285	15.8	3.5

SUMMARY

A larger percentage of the unmarried mothers gave birth to low birth weight and premature babies compared to the married mothers. Most of the babies in both samples, however, were carried to term and weighed within the normal birth weight range. Apart from the weight disadvantage of a larger number of unmarried mothers' babies, most infants were reportedly in good health at the beginning of the study.

Over the next eighteen months, however, the children of unmarried mothers experienced many more hospitalizations and Emergency Department treatments compared to the children of married mothers. When they were hospitalized, they were kept in hospital for longer periods of time and more of their illnesses were serious. On average they were estimated as being seven and one-half times as likely to have had a serious health problem resulting in hospitalization compared to the children of married mothers and three and one-half times as likely to have had a moderately serious health problem resulting in a hospitalization.

The unmarried mothers' children were also taken to Emergency Departments for treatment much more frequently than the children of married mothers. Many of these emergency contacts were found to have resulted from either a lack of confidence on the part of the mother or insufficient child-care knowledge rather than more serious ailments among their children.

Despite the greater occurrence of hospitalizations and hospital emergency treatments among the children of unmarried mothers, most of the children were within normal developmental ranges at the conclusion of the study.

11 PARENTING PROBLEMS - POTENTIAL AND INCIDENCE

A goal of the study was to determine whether unmarried mothers exhibit a greater potential for parenting problems and, subsequently, experience a greater incidence of such problems compared to married mothers. The findings which are presented in this chapter are drawn from a number of sources: the self-reports of the study participants; hospital records of the children in the Halifax-Dartmouth sub-sample; and client records of child welfare agencies in the Halifax-Dartmouth region.

The chapter is divided into two sections. The first section considers the potential for parenting problems measured at both the first and final interviews. The second section considers the incidence of parenting problems in terms of the following indicators: accidents and injuries experienced by the study children; incidence of child abuse, child neglect and failure to thrive; pattern of immunization; disciplining practices used by the study mothers; and parenting problems as expressed by the study mothers themselves.

POTENTIAL FOR PARENTING PROBLEMS

To measure the potential for parenting problems five different factors were taken into consideration: predisposing psychological factors; the health of the child; the economic situation of the mother; the presence of a support system; and the mother's level of child-care knowledge. Previous research and discussions on the subject of parenting problems have shown each of these factors to be associated with parenting difficulty—the most extreme form of which is child abuse and child neglect (*Ayoub and Pfeifer, 1977; Bronfenbriener, 1974; Garbarino, 1976; Gil, 1970, 1975; Galdston, 1965; Solomon, 1973; Steele and Pollock, 1968*).

The psychologically predisposing factors were measured by the Michigan Screening Profile of Parenting, developed by Ray Helfer, James K. Hoffmeister and Carol Schneider (1977). Only the *"Emotional Needs Met"* factor was used in this study as an indicator of potential parenting problems as, of the four separate factors generated by this test, only this one had acceptable validity and reliability scores. *"Emotional Needs Met"* (ENM) is described in the following way:

> "(It) defines a type of relationship between self and others which seems to be learned during the early developmental years. The items tap a dimension which can indicate that the person was raised in a physically, developmentally, and/or emotionally punitive environment.

> Negative perceptions . . . to items tapped by this cluster would include feelings of being unloved and frequently criticized; having to meet high expectations from parents; and a general climate in which the person's own needs and worth were ignored by parents. Severe physical punishment may have been administered to a child or children in the childhood home. In addition, the high scorer feels unloved and not understood in present relationships as well as in childhood (*Helfer, Hoffmeister, Schneider, 1977*).

A second factor used to measure the potential for parenting problems was the health of the child. This included both those mothers who had a child with a serious health problem—one which required special care and attention from the mother and ongoing medical supervision—and those who had given birth to a low birth weight infant, i.e. less than 2500 grams in weight.

The third factor related to the economic situation. If the mother was living below the poverty line, she was designated as having parenting problem potential on this dimension. The Statistics Canada revised poverty line was used for this purpose.

The fourth factor dealt with the support system. If a mother had no one available to assist her with the care of the child on both a short-term and long-term basis, whenever such a need arose, then she was classified as having potential problems in this dimension.

The final criterion used to assess parenting problems related to the mothers' level of child-care knowledge. At the first and final study interviews, a series of questions was asked which tapped basic child-care knowledge. At the first interview, the questions were related to the care of a newborn child. At the final interview, they were related to the care of a one-to-two year-old infant. Since the questions probed very basic and fundamental knowledge, any mother who had more than three incorrect answers was designated as having potential problems in this final dimension. In all, approximately 11 per cent of the unmarried mothers had three or more incorrect answers at the first and third interviews, compared to approximately 2.5 per cent of the married mothers.

On the basis of these five factors, a summary measure of risk for parenting problem was devised.[1] The resultant scale ranked the mothers according to whether they exhibited no risk for parenting problems, minimal risk, moderate risk, considerable risk, or extreme risk. If for example, a mother had a positive score on the ENM factor; if she was living above the poverty line; if her child had no serious health problem;

if she had an adequate support system and an acceptable level of child-care knowledge, then she was classified as having no risk for parenting problems. Mothers with only one problem were assigned to the minimal risk category; those with two problems to the moderate risk category; those with three problems to the considerable risk category and those with four or five problems, to the extreme risk category.

The assignment of each mother to the at risk scale was carried out separately by two individuals. Any discrepancies in the results were dealt with in conference.

The findings showed quite significant differences between the two samples of mothers. At the first study interview, for example, 30.9 per cent of the unmarried mothers were classified as having no risk for parenting problems, compared to 67.4 per cent of the married mothers. In the unmarried sample, 37.8 per cent were classified as being at minimal risk; 24.8 per cent were at moderate risk; 5.8 per cent were at considerable risk and 0.7 per cent were at extreme risk. In all, about one in three unmarried mothers was found to have moderate, considerable or extreme risk compared to 6.5 per cent of the married mothers *(Table 11:1)*.

At the final study phase, the percentage of mothers falling within each of these levels of risk was almost the same. Therefore, there was little change in the two groups of mothers from the beginning of the study to its completion eighteen months later. There was some internal change, however. For example, some mothers who had been classified as having high levels of risk at the outset of the study had lower levels at the end of the study and vice versa.

Although the unmarried mothers did exhibit higher levels of risk and, hence, greater potential for parenting problems, it must be kept in mind that this measure is only an estimate of potential problems. It does not mean, for instance, that because 31.3 per cent of the unmarried mothers were classified as having moderate, considerable or extreme risk, that each and every one of these mothers will necessarily encounter difficulties in parenting. And it certainly does not mean that these individuals will exhibit the extreme form of parenting problems—abuse and neglect. The married-unmarried differences only indicate that more of the factors known to predispose or precipitate parenting problems are found within the unmarried sample and thus that there is a greater likelihood that parenting problems will be encountered by this group of mothers.

INCIDENCE OF PARENTING PROBLEMS

Accidents and Injuries

Each mother in the study was asked to recount the number and type of accidents and injuries experienced by their child over the eighteen-month study period. We did not require the interviewers to record every single fall and hurt suffered by the study children, however, nor did we expect the participants to be able to recall every one. For instance, the normal day-to-day bumps and bruises that children experience, especially when they are learning to walk, were excluded from our

TABLE 11:1

Percentage Distribution of Unmarried and Married Mothers by Level of Risk for Parenting Problems - Immediately After the Birth of the Child and at Eighteen Months

Level of Risk	Immediately After the Birth of the Child		Eighteen Months After the Child's Birth	
	Unmarried Mothers	Married Mothers	Unmarried Mothers	Married Mothers
	(278)	(291)	(277)	(293)
No Risk	30.9	67.4	29.6	68.6
Minimal Risk	37.8	26.1	41.1	26.6
Moderate Risk	24.8	4.8	23.5	4.1
Considerable Risk	5.8	1.7	4.7	0.7
Extreme Risk	0.7	-	1.1	-
TOTAL	100.0	100.0	100.0	100.0
Insufficient Information	(21)*	(4)*	(22)*	(2)*

* *The "at risk" measure could not be computed for these individuals as information on one or more of the five factors was missing or incomplete. In most cases, financial data was missing.*

count. The accidents and injuries which were recorded were only the more serious ones, although they may not necessarily have resulted in Emergency Department treatment or hospitalization. The specific kinds of injuries which we were interested in included such things as: burns, fractures, cuts requiring stitches, head injuries, more serious falls resulting in concern about concussion, breaks and fractures, etc.

Although verification of the self-reports of the entire sample of mothers was not possible, we did verify those accidents and injuries reported by the mothers in the Halifax-Dartmouth sub-sample which had led to an Emergency Department visit or hospitalization. In these cases, the mother's report of the incident was checked against the child's medical record.

The findings showed almost no difference at all in the incidence of accidents and injuries between the children of married and unmarried mothers. For example, 57.1 per cent of the unmarried mothers reported no serious accidents or injuries among their children, compared to 57.0 per cent of the married mothers. As well, there was hardly any variation between the two samples in the percentage of children who had one serious injury, two serious injuries, three serious injuries and so on *(Table 11:2)*.

Type of Injury: *Table 11:3* presents the specific nature of the injuries experienced by the study children. Very little difference was found between the children in the two samples. Bumps and bruises resulting from falls was the most common injury for both groups of children. Cuts and lacerations were the second most common type of injury in both samples and burns and scalds were the third most common.

Injuries Resulting in Hospitalizations or Emergency Department Treatment: An equal percentage of the injuries experienced by the children of married and unmarried mothers were dealt with in Emergency Departments (20.3 per cent and 20.6 per cent respectively). A slightly larger percentage of the injuries experienced by the unmarried mothers' children resulted in the hospitalization of the children (3.2 per cent in the unmarried sample versus 1.7 per cent in the married). The majority of the accidents and injuries in both samples, however, were dealt with in the home (76.2 per cent in the unmarried sample and 78.0 per cent in the married sample) *(Table 11:4)*.

Of the six children in the unmarried sample who were hospitalized, four had suffered burns and two had serious falls. In the married sample, two children were hospitalized as a result of serious falls and one due to ingestion of fuel oil.

When the self-reported injuries of the mothers in the Halifax-Dartmouth sub-sample were cross-checked against the children's medical records, a high degree of consistency was found. There was only very slight under-reporting and over-reporting. Therefore, the final accident totals derived from both sources were nearly identical.

Child Abuse, Child Neglect, and Failure to Thrive

The inquiry into the incidence of child abuse, child neglect and failure to thrive was only possible in the Halifax-Dartmouth area. As a result, only the Halifax-Dartmouth sub-samples were selected for this area of inquiry (113 unmarried mothers and 110 married mothers).

TABLE 11:2

Percentage of Children Experiencing Accidents and Injuries
During the Eighteen Month Study Period

Number of Accidents or Injuries	Children of Unmarried Mothers		Children of Married Mothers	
	Number	Percentage	Number	Percentage
None	170	57.1	168	57.0
One	89	29.9	87	29.5
Two	26	8.7	28	9.5
Three	9	3.0	10	3.4
Four	1	0.3	1	0.3
Five or More	3	1.0	1	0.3
TOTAL	298	100.0	295	100.0
No Information	(1)			

To ascertain whether abuse, neglect, or failure to thrive had been experienced by any of the children in the sub-samples, the records of the three child welfare agencies in the Halifax-Dartmouth area were checked along with patient records at The Izaak Walton Killam Hospital

TABLE 11:3

Percentage Distribution of Injuries Experienced by the Children of Married and Unmarried Mothers by the Nature of the Injury

Type of Injury	Children of Unmarried Mothers		Children of Married Mothers	
	Number	Percentage	Number	Percentage
Dental Injury	4	2.1	11	6.0
Bumps, Bruises	68	36.0	71	39.0
Burns, Scalds	42	22.2	26	14.3
Cuts, Lacerations	44	23.3	48	26.4
Bites, Scratches	4	2.1	3	1.6
Breaks, Fractures	2	1.1	8	4.4
Poisonings	9	4.8	3	1.6
Sprains, Torn or Pulled Ligaments	3	1.6	5	2.8
Eye Injury	2	1.1	-	-
Concussion	2	1.1	1	0.6
Smoke Inhalation	1	0.5	-	-
Swallowed Object	1	0.5	2	1.1
Internal Injury	1	0.5	-	-
Electric Shock	1	0.5	-	-
Dislocation	-	-	3	1.6
No Explanation for Injury	5	2.6	1	0.6
TOTAL	189	100.0	182	100.0

for Children and SOS records (SOS, Service of Support, is a special program located in Halifax and established to assist parents who are experiencing problems with parenting).

The review of the hospital records uncovered no incidents of abuse or neglect although two cases of "failure to thrive" were identified. One of the children given this diagnosis was born to a married mother and one was born to an unmarried mother. In both cases—although the origin of the developmental problem had not been determined—neglect had been ruled out as a possible cause.

The review of agency records identified four cases of child neglect in the unmarried mother sub-sample (3.5 per cent of the sample) and none in the married sub-sample. An additional four unmarried mothers were brought to the attention of agencies because of suspected neglect, but in each case the claim could not be substantiated.

Immunization Schedule

The third indicator of parenting problems considered whether the study mothers were up-to-date in the immunization of their children. By the time a child is six months of age, he/she should normally have received three separate vaccinations for diphtheria, pertussis, tetanus

TABLE 11:4

Injuries Experienced by the Study Children
by Type of Treatment

Type of Treatment	Children of Unmarried Mothers		Children of Married Mothers	
	Number of Injuries	Percentage	Number of Injuries	Percentage
Emergency Treatment	39	20.5	37	20.3
Hospitalized	6	3.2	3	1.7
Treated at Home	144	76.2	142	78.0
TOTAL	189	100.0	182	100.0

and poliomyelitis (DPTP). By nine months of age, the age of the study children at the second interview, a child who did not have all three doses of DPTP was, therefore, considered to be behind schedule in his/her immunization.

On the basis of the self-reports of the study mothers at the second interview, five children in the unmarried sample were found to have received no immunization and 11 children had received only one dose of DPTP. None of the children in the married sample were this far behind in their immunization. A further 27 children born to unmarried mothers and 13 children from the married sample had only two doses of DPTP. In all, 43 of the unmarried mothers' children (13.6 per cent of the unmarried sample) were behind in their immunization compared to 13 of the married mothers' children, (4.2 per cent of the married sample) *(Table 11:5)*.

By eighteen months of age a child should normally have received vaccine to protect against mumps, measles and rubella (MMR) in addition to the three earlier doses of DPTP. Because the MMR dose is recommended up to the age of eighteen months, those without it at the eighteen-month study contact could not be classified as being behind schedule in their

TABLE 11:5

Level of Immunization at Nine Months

Level of Immunization	**Children of Unmarried Mothers**		**Children of Married Mothers**	
	Number	Percentage	Number	Percentage
Behind Schedule	43	13.6	13	4.2
Up-To-Date	271	85.5	295	95.8
Mother Unsure of How Many Doses Her Child Had Received	3	0.9	-	-
TOTAL	317	100.0	308	100.0
No Information	(29)*		(18)*	

* *Mothers not participating at the second study phase.*

immunization. Therefore, at the final study contact, the children classified as "behind schedule" were still the ones who had not received all three of the DPTP doses.

Using this criterion, ten children in the unmarried sample were found to be behind schedule in their immunization at the end of the study as were three children in the married sample. Although the MMR dose is recommended up to eighteen months of age, more of the children of married mothers had already received it at the eighteen-month interview compared to the unmarried mothers' children. In the unmarried sample, approximately 20 per cent of the children had not yet received the MMR dose compared to 16.6 per cent of the married mothers' children *(Table 11:6)*.

Disciplining Practices Employed by the Mothers

At the third interview, the participants were asked to explain the methods of discipline they used with their children. A series of five questions was developed describing typical child behaviour which could be a source of frustration or annoyance to a parent. The mothers were

TABLE 11:6

Level of Immunization at Eighteen Months

Level of Immunization	Children of Unmarried Mothers		Children of Married Mothers	
	Number	Percentage	Number	Percentage
Behind Schedule	10	3.4	3	1.0
MMR Vaccine Lacking	61	20.5	49	16.6
Up-To-Date	220	73.8	243	82.4
Unsure of Immunization Received by the Child	7	2.3	-	-
TOTAL	298	100.0	295	100.0
No Information	(48)*		(31)*	

* *Mothers not participating at the third study phase or for whom there is no immunization data.*

asked to describe their usual methods of dealing with the child in each instance and, depending upon their answers, they were assigned to one of the following categories: no disciplining action used—ignores child, feels behaviour is normal; non-punishing approach—distracts child, explains why child shouldn't act in this way, picks child up and hugs him; mild punishing approach—withholds a privilege or something the child wants, puts child by himself for a short time; verbal or psychological punishment—shames or ridicules the child, scolds or yells at child; physical punishing approach—spanks or slaps child.

In general, there was considerable similarity in the kinds of discipline employed by married and unmarried mothers. Although the method used varied according to the type of child behaviour described in each question, very little difference between the two groups of mothers was found in how they handled any one particular problem *(Table 11:7)*.

The first question described a situation in which a child hits or bites his/her mother. Approximately 72.5 per cent of the unmarried mothers said they would use physical punishment in this kind of situation compared to 62.4 per cent of the married mothers. Somewhat more of the married mothers said they would use verbal or psychological punishment compared to the unmarried mothers (24.5 per cent and 17.0 per cent respectively).

The second question described a situation in which a child breaks a household object which he/she has been told not to touch. Sixty-one and a half per cent of the unmarried mothers said they would use physical punishment under these circumstances, as did 50.7 per cent of the married mothers. Once again, slightly more of the married mothers indicated that they would use verbal or psychological punishment compared to the unmarried mothers (31.2 per cent and 22.7 per cent respectively).

The third question described a child having a temper tantrum. The child kicks, cries or screams and nothing the mother does calms the child down. Approximately half of both the unmarried and married mothers said they would take no disciplining action in this type of situation but would just ignore the child. The remaining percentage of mothers who said they would use physical punishment, verbal punishment and so on did not differ to any great extent between the married and unmarried groups.

TABLE 11:7

Disciplining Practices Used By Married and Unmarried Mothers in Response to Typical Child Behaviour

METHOD OF DISCIPLINE	CHILD BEHAVIOR									
	Child Hits Mother		Child Breaks Valuable Object		Temper Tantrum		Constant Demands for Mother's Attention		Child Makes A Mess	
	Unmarried Mothers (294) Percentage	Married Mothers (290) Percentage	Unmarried Mothers (291) Percentage	Married Mothers (292) Percentage	Unmarried Mothers (293) Percentage	Married Mothers (293) Percentage	Unmarried Mothers (293) Percentage	Married Mothers (294) Percentage	Unmarried Mothers (292) Percentage	Married Mothers (290) Percentage
No Disciplining Action	4.8	4.8	4.1	6.5	50.2	55.3	4.8	3.7	84.9	90.3
Non-Punishing Approach	4.1	6.9	4.1	5.8	17.0	11.2	92.2	94.2	2.8	3.5
Mild Punishing Approach	1.7	1.4	7.6	5.8	14.0	18.8	1.7	1.4	4.8	2.4
Verbal or Psychological Punishment	17.0	24.5	22.7	31.2	4.8	3.8	1.0	0.7	5.1	2.8
Physical Punishment	72.4	62.4	61.5	50.7	14.0	10.9	0.3	-	2.4	1.0
TOTAL	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
No Information, Don't Know, Child Adopted	(5)	(5)	(8)	(3)	(6)	(2)	(6)	(1)	(7)	(5)

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The fourth question described a situation in which a child is constantly demanding attention from his/her mother. Almost all the mothers in both samples said they would use a non-punishing approach in this situation (92.2 per cent of the unmarried mothers and 94.2 per cent of the married mothers). In effect, they would try to distract the child or they would give the child some attention.

The last question described a situation in which a child is creating considerable mess in the home—throwing toys around the room, throwing blankets out of the crib, etc. The mother put these things back in their place only to find them thrown about again a little later. The vast majority of the mothers in both samples said they would take no disciplinary action in this kind of situation but would simply ignore the child (84.9 per cent of the unmarried mothers and 90.3 per cent of the married mothers).

Parenting Problems—the Mothers' Account

At each phase of the study, we asked the mothers if they were experiencing any problems with parenting. At the first interview, 45.1 per cent of the unmarried mothers said they were. At the second interview, 49.8 per cent of the unmarried mothers, and at the third interview, 40.1 per cent reported parenting problems. The percentages of married mothers reporting problems at each phase of the study were quite similar.

The most common difficulty mentioned by the unmarried mothers was learning to cope with their children's health and developmental problems; for example, knowing what to do when the child has a cold, colic, croup, a rash, a fever, etc. and knowing how to handle the child during fussy periods and during teething episodes.

The next most common problem cited was adjusting to the responsibilities of parenthood. Some unmarried mothers felt tied down. Others felt they no longer had time for themselves and that the dual demands of the child and housework left them no freedom. This problem was mentioned by many mothers at the first interview when the children were newborn but, by the eighteen-month interview, few mothers still found this to be a problem.

Another frequently mentioned difficulty involved finances. The mothers who cited this had found they did not have enough money to support themselves and their children. Some had been receiving public financial assistance but found they could not cover all their expenses with the amount of money allotted to them. Other mothers found that there were many more expenses than they had anticipated.

Insufficient child-care knowledge was another problem experienced by some of the mothers. In such cases, the mothers found they did not know enough about normal child development or about caring for a child generally. Some specific problems mentioned included not knowing what to feed a child and when; how to breastfeed; how to toilet train a child; how to discipline a child; and, generally, how to recognize the various developmental stages of the child.

Other problems reported by the mothers included the following: coping with postnatal depression; coping with loneliness; coping with fatigue as a result of the dual roles of parent and student; resolving marital and family conflict, and locating child care services.

At the final interview, we concluded our discussions with the mothers by asking them if they had been disappointed in any way about how things had turned out. In addition, we inquired about the kinds of advice they thought they would give a young, single woman who was risking pregnancy. Both questions were intended to provide a summation of the mothers' experiences of parenting.

Slightly more than half of the mothers (55.4 per cent) said they had no regrets about how their life had turned out. They were happy with their situation; the baby made life worthwhile; they enjoyed motherhood; and the baby had been a great source of happiness.

Approximately 44.5 per cent of the mothers said they had experienced some disappointments and regrets. For some, not being married was the biggest problem. They had no one to share the responsibility of bringing up the child; some felt stigmatized by their single status; and some mothers expressed sorrow about their children not having a father to grow up with.

In addition, many mothers said they found that they had not been ready for parenthood. Some had not been able to finish their schooling; many found they did not have enough money; and several simply found they were too young to handle the responsibility.

Other mothers expressed disappointment over losing so much of their freedom. They felt that the baby had tied them down; they were unable to take part in social activities as often as they would have liked; and they had difficulty adjusting to the constant demands on their time that the baby made.

In spite of the fact that over half of the unmarried mothers said they had not been disappointed about how their life had turned out, almost all the mothers said they would advise a young single woman who was risking pregnancy to take birth control, or at least think very carefully about what she was doing. This seeming contradiction may have been the result of a need, felt by the mothers in response to the first question, to stress the positive aspects of their life. The second question asked the mothers to consider the consequences of unmarried parenthood, as they might affect someone else. With the question no longer focused directly on themselves, there was an outpouring from the mothers of the risks and problems which they felt were inherent in unmarried parenthood.

Parenthood, some felt, was too difficult a job for a very young mother. It made her grow up too quickly. It tied her down at a time when a young person should be enjoying an active life.

Some of the unmarried mothers said they would advise the young, single girl to think very carefully about what the consequences of becoming a mother would be: would she be able to look after the child? Would she be able to cope with the responsibility, and so on?

Other mothers said that they would advise the young woman to either get married first or at least be assured of support from the baby's father in the event that a pregnancy occurred. Without someone to share the responsibility of parenthood, they felt the mother would have a very difficult time.

The following are some examples of the comments made by the mothers. The problems which are referred to in these examples are typical of those mentioned by the entire sample of mothers. The comments included here were selected only because of their clarity.

> *"I'd tell her that she'd better think about it. It takes away your freedom. You don't realize the problems you run into—the cost of things. I'd advise her to use birth control."*

"I'd tell her not to get pregnant unless she was sure she was getting married to the guy. Everyone thinks it's an easy job raising a baby. You have to adjust your whole life-style. They take a lot of time and attention."

"I'd warn her to take every precaution—to be very careful and very sure of what she is getting into just in case her boy-friend left her. There's a lot of joy but there's a lot of working too and some pain being alone. It makes you grow up faster than you might like to."

"I'd tell her to make sure she knows what she is getting into—to make sure she knows she is going to be tied down for the rest of her life. If she was 15 or 16, I don't think it would be worth it."

"I'd let her know what she is getting herself into. If she needed assistance on how to prevent pregnancy, I'd tell her what to do. If she wasn't going to listen to that advice, I'd let her know what she would go through if she did have a baby, like expenses, the time it takes, the responsibility."

"It's not worth the risk—what happens to you is hard. They should use some birth control. Getting pregnant like I did was a big shock to me—it set me back emotionally. I'm only getting over it all now. I've been luckier than many girls as he (the baby's father) has given me full support."

"I would tell her to get on birth control. I don't think young kids realize what they're getting into if they want a baby before they are married. I didn't realize it. I thought having a baby would make my relationship better."

"I'd tell her to take the pill . . . because it's difficult being alone and pregnant and being a mother."

"I would suggest contraceptives—make sure she knows the guy really cares for her. It's a hard thing to go through when you're pregnant and alone."

"I'd tell her it's hard to manage on your own with a child. If I had it to do over again, I might have given him up."

"I'd tell her not to take the chance. Your life changes a lot—sometimes even your friends, although many (of mine) are coming back now."

"I'd point out the realities of being a mother, such as getting up in the night—staying in with the baby, etc. and I'd ask if she thought she was ready for that."

"She'd have to be prepared to give up things—set up different priorities. If she wasn't married, I'd say don't bother (to get pregnant), take precautions. I think the biggest help would be to have people behind you supporting you. I've been lucky, but a lot of girls aren't."

"I would ask her if she wanted to get married to the boy and if she said no, then I'd tell her to get on the pill. It's hard to have a baby alone."

"I'd tell her to go on the pill. The father might leave her. That's hard to take and it's not easy bringing up a baby on your own."

"I'd tell her that if she didn't have a boy-friend or husband to support her then it can depress you. It can pin you down—you lose freedom.

"I'd tell her if she isn't planning on getting married she'd better take the pill because he (her boy-friend) might leave her. Then she'd feel like I did—angry and resentful."

"She should use the pill. She may not be ready to be a mother. I think you know if you're ready for it. You don't have to be in the situation to know it. You have to assess the situation and determine what is important to you."

" . . . depending on her age, but I feel she should realize what having a baby is like and that she'll need to work to support herself. Being dependent on welfare is terrible."

SUMMARY

A larger percentage of unmarried mothers were found to have potential for parenting problems compared to married mothers. In spite of the greater potential in the unmarried group, however, only four incidents of child neglect were identified among the unmarried mothers in the Halifax-Dartmouth sub-sample by the completion of the study. In addition, there was almost no difference in the incidence of accidents and injuries suffered by the children in the two samples, and the methods of discipline used by the two groups of women were very similar. The unmarried mothers were more likely to be behind schedule in the immunization of their children compared to married mothers, however.

A fairly large percentage of both the unmarried and married mothers reported parenting problems. In the unmarried group, learning how to cope with the health and developmental problems of the children; learning to accept the responsibilites of parenthood; learning how to care for a child; and learning how to live on a very low income were some of the reported problems.

In spite of the many parenting problems, the majority of the unmarried mothers said they were happy and content with the way their life had turned out. Those who had been disappointed mentioned such things as not being married, not being ready for parenthood, and loss of freedom as being the basis for their regrets.

Although a very substantial percentage of the unmarried mothers said they were happy with their lives, almost all of them said they would advise a young single woman who was risking pregnancy to take precautions. In their estimation, single parenthood was a very difficult task.

PART V

A REVIEW OF THE MOTHERS' SITUATION AND NEED FOR SUPPORT SERVICES

12 THE INTERVIEWERS' ASSESSMENTS AND RECOMMENDATIONS FOR SUPPORT SERVICES

Most of the data presented throughout this study was derived from the self reports of the study participants. On the basis of these reports, we have attempted to provide a comprehensive picture of both the unmarried mothers' circumstances, and the changes which the mothers experienced over the eighteen-month period following the birth of their children. Wherever possible, we have indicated the percentage of mothers who experienced problems in any of the areas investigated in the study, as well as the percentages who said they required specific kinds of support services.

Because of their personal contact with the study participants, the interviewers[1] provided an important secondary source of data. The specific types of information which they contributed included the following: an assessment of the problems they felt were present in the mothers' situations; recommendation for support services; and a general assessment of their concern for the mothers' ability to care for their children. These assessments and recommendations form the basis of this chapter.

The mothers' own estimation of the problems they were experiencing and the services they required was very important. It was felt, however, that the information provided by the interviewers—information derived from their observations and impressions of the mothers' situations—would add a valuable summation of both the difficulties the unmarried mothers experienced, as well as the kinds of assistance they required.

ASSESSMENT OF PROBLEMS IN THE UNMARRIED MOTHERS' SITUATION

The assessment of problems experienced by the participants in the study was carried out at each study phase. Seven potential problem areas were considered: finances, housing, employment, education, child care, loneliness and child-caring assistance. When an interviewer felt that a mother was experiencing a problem in any of these areas, she made a further judgement as to the severity of the problem.

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[1] *The persons who conducted the interviews were all professionally trained - some were social workers, some were Community Health Nurses and others had either social science or education backgrounds.*

In making these assessments, great care was taken to avoid any bias. When housing problems were assessed, for example, the interviewer was asked to consider only those factors which might interfere with the healthy development of a child—things like dampness, drafts, overcrowding, cold, conspicuous disrepair, vermin and so on. The interviewers were cautioned not to judge the home in terms of a middle class ideal (e.g., three bedrooms, two baths, dishwasher, etc.).

Financial Problems

At the beginning of the study, the interviewers considered that almost 60 per cent of the unmarried mothers had financial difficulty: approximately one mother in five was judged to have a slight problem; about one mother in four was judged to have a moderately serious problem, and approximately 15 per cent were judged to be in serious financial difficulty *(Table 12:1)*.

By the end of the study the situation had improved slightly, although in the opinion of the interviewers approximately half of the mothers were still having some degree of financial difficulty. Most of the im-

TABLE 12:1

Assessment of Financial Problems Among the Unmarried Mothers Over the Eighteen-Month Study Period

Assessment of Financial Problems	Immediately Following the Birth of the Child	Nine Months After the Birth	Eighteen Months After the Birth
	(299)	(299)	(299)
No Problem	39.8	56.2	50.8
Slight Problem	19.1	14.0	22.4
Moderately Serious Problem	23.7	16.1	20.4
Serious Problem	15.1	8.0	5.7
Unable to Judge/ No Answer	2.3	5.7	0.7
TOTAL	100	100.0	100.0

provement occurred in the "serious problem" category: only 5.7 per cent of the mothers were considered to be having serious financial problems at the end of the study, compared to 15.1 per cent at the beginning. The provision of public financial assistance contributed to the improvement in the mothers' financial situation *(See discussion of public financial assistance in Chapter 8)*.

For the purposes of comparison, approximately 15 per cent of the married mothers were judged to be having financial problems at either the first or final study phase. Approximately one per cent of cases was considered to be having serious financial difficulty at the final phase.

Housing Problems

Slightly more than one out of every four unmarried mothers was considered to have housing problems at the beginning of the study. In the interviewers' opinion, approximately 9 per cent had only a slight problem, 9.4 per cent had a moderately serious problem and 10.0 per cent had a serious problem *(Table 12:2)*.

TABLE 12:2

Assessment of Housing Problems Among the Unmarried Mothers Over the Eighteen-Month Study Period

Assessment of Housing Problems	Immediately Following the Birth of the Child	Nine Months After the Birth	Eighteen Months After the Birth
	(299)	(299)	(299)
No Problem	70.2	68.9	61.9
Slight Problem	8.7	11.4	16.7
Moderately Serious Problem	9.4	9.0	13.0
Serious Problem	10.0	6.7	7.7
Unable to Judge/ No Answer	1.7	4.0	0.7
TOTAL	100.0	100.0	100.0

Whereas the financial circumstances of the mothers had improved by the end of the study, the housing situation reportedly worsened. For example, at the final interview, almost 40 per cent of the mothers were judged to have some degree of housing problem compared to 28.1 per cent at the outset of the study. However, fewer mothers lived in seriously substandard housing at the end of the study compared to the beginning (7.7 per cent and 10.0 per cent respectively).

In the married sample, the percentage judged to have a housing problem at the first and third phases was 8.2 per cent and 9.6 per cent respectively. Only about one and one-half per cent of the total married sample were considered to be living in seriously substandard housing at either of these points in time.

Educational Problems

The interviewer identified a number of problems experienced by the new mothers during the course of the study which might broadly be termed "educational". These included not only the difficulties encountered by women who had resumed their education or training but also those problems experienced by the mothers prevented from returning to school for various reasons. In addition, if a young woman was unable to find suitable employment because, in the interviewer's estimation, she did not have enough education; or if she was receiving public financial aid and was unlikely to find employment because of low education; then she, too, would have been designated as having "educational problems".

On this basis, approximately 40 per cent of the mothers were considered to have educational problems at the beginning of the study. Out of the total sample of unmarried mothers, 18.4 per cent were judged to have only a slight problem, 13.7 per cent a moderately serious problem and 9.0 per cent a serious problem *(Table 12:3)*.

After eighteen months, there was little change in the interviewers' assessments, except that a slightly smaller percentage of mothers was considered to have a serious problem (5.0 per cent at the final phase versus 9.0 per cent at the first study interview). In some cases the mothers may have been able to successfully resume their education by the end of the study; in other cases they may have married or begun living common law and given up any thoughts of continuing their education.

Employment Problems

Employment problems included such things as the inability to obtain a job or to find an adequately paying job; to find a job which provided suitable working hours; and to find a job which fitted the mother's educational and training qualifications.

At both the first and final interviews, approximately one-third of the unmarried mothers were judged to have employment problems. The severity of the problem changed over the course of the study. Whereas 12.0 per cent of the mothers were classified as having serious employment problems at the outset of the study, only 6.4 per cent were classified as such at the completion of the project *(Table 12:4)*.

Ability to Care for the Child

To assess the mother's ability to care for the child, the interviewer was asked to consider such things as the mother's level of maturity, her confidence with the child, and her commitment to parenting.

TABLE 12:3

Assessment of Educational Problems Among the Unmarried Mothers Over the Eighteen-Month Study Period

Assessment of Educational Problems	Immediately Following the Birth of the Child (299)	Nine Months After the Child's Birth (299)	Eighteen Months After the Child's Birth (299)
No Problem	58.5	60.5	58.5
Slight Problem	18.4	13.7	19.4
Moderately Serious Problem	13.7	14.4	14.1
Serious Problem	9.0	6.0	5.0
Unable to Judge/ No Answer	0.4	5.4	3.0
TOTAL	100.0	100.0	100.0

While a large percentage of mothers was judged to have problems with finances, housing, employment and education, a much smaller percentage was considered to have problems in their ability to care for the child. At the outset of the study, only 18.1 per cent were judged to have a problem in this area, as were 11.4 per cent at the second phase and 17.0 per cent at the final study phase. Further, only 2.0 per cent of the entire sample of unmarried mothers were judged as having a serious problem in this regard at the first interview, 0.7 per cent at the second interview and 1.3 per cent at the final study interview. Consequently it would seem that, in spite of the other problems in their lives, the interviewers perceived most of the unmarried mothers to have no problems so far as their natural ability to care for the child was concerned *(Table 12:5)*.

Availability of Persons to Help Care for the Child

In the estimation of the interviewers, most of the unmarried mothers studied had persons available to them to help with the care of the children. At the beginning of the study, only 13.4 per cent of the mothers lacked adequate assistance, according to the interviewers. The corresponding figures for the second and third interviews were 17.7 per

TABLE 12:4

Assessment of Employment Problems Among the Unmarried Mothers Over the Eighteen-Month Study Period

Assessment of Employment Problems	Immediately Following the Birth of the Child (299)	Nine Months After the Child's Birth (299)	Eighteen Months After the Child's Birth (299)
No Problem	55.9	59.2	62.2
Slight Problem	11.7	12.0	12.7
Moderately Serious Problem	17.4	13.4	14.4
Serious Problem	12.0	7.0	6.4
Unable to Judge/ No Answer	3.0	8.4	4.3
TOTAL	100.0	100.0	100.0

cent and 15.7 per cent respectively. Further, in only a very small minority of cases was the availability of child care considered to be an extremely serious problem—2.3 per cent, 3.3 per cent and 1.3 per cent at the first, second and third study interviews *(Table 12:6)*. Slightly larger percentages of the mothers themselves, however, reported problems finding alternate child care *(see discussion in Chapter 7)*.

The married and unmarried mothers differed very little in this regard. For instance, nearly identical percentages in each group of mothers were judged to have a problem with child care.

Problem With Loneliness

A popular conception of the unmarried mother is of a woman alone, cut off from family and friends. The interviewers who met with the unmarried mothers in this study did not find that loneliness was a great problem, however. At the beginning of the study, only 15.4 per cent of the unmarried mothers were considered to have a problem in this regard. At the second and third interview the figures were 17.0 per cent

TABLE 12:5

Assessment of Mother's Ability to Care for the Child
Over the Eighteen-Month Study Period

Assessment of Ability to Care	Immediately Following the Birth of the Child	Nine Months After the Child's Birth	Eighteen Months After the Child's Birth
	(299)	(299)	(299)
No Problem	69.2	77.9	77.6
Slight Problem	11.4	7.4	12.4
Moderately Serious Problem	4.7	3.3	3.3
Serious Problem	2.0	0.7	1.3
Unable to Judge/ No Answer	12.7	10.7	5.4
TOTAL	100.0	100.0	100.0

and 16.8 per cent, respectively. Further, the interviewers felt that it was a very serious problem in only a few cases—1.4 per cent of the sample at the first study interview; 2.3 per cent at the second and 2.0 per cent at the third *(Table 12:7)*.

Total Number of Problem Areas

At the beginning of the survey, approximately one in five unmarried mothers was judged to have no problems in any of the areas being discussed. At the second and third interview the figures were 29.4 per cent and 22.7 per cent respectively. Approximately 40 per cent of the mothers had problems in one or two areas at each of the three study phases, whereas between one-third and two-fifths of the mothers had problems in three or more areas at each interview *(Table 12:8)*. By comparison, less than 10 per cent of the married mothers had problems in three or more areas at any of the interviews.

TABLE 12:6

Assessment of the Availability of Persons to Help the Mothers Care for Their Children

Assessment of Availability of Help	Immediately Following the Birth of the Child	Nine Months After the Child's Birth	Eighteen Months After the Child's Birth
	(299)	(299)	(299)
No Problem	85.6	78.6	83.3
Slight Problem	6.4	8.7	7.7
Moderately Serious Problem	4.7	5.7	6.7
Serious Problem	2.3	3.3	1.3
Unable to Judge/ No Answer	1.0	3.7	1.0
TOTAL	100.0	100.0	100.0

RECOMMENDATIONS FOR SERVICES

On the basis of her knowledge of the mother and her situation, the interviewer was asked to recommend support services which would be of benefit to the mother. No limits were placed on the range of services which could be recommended. If a mother was experiencing difficulty in any area of her life, the interviewer had only to make a decision as to the most appropriate support service which would alleviate the mother's problem. A summary of the interviewers' recommendations are presented in *Table 12:9*.

Financial Services

Financial support was recommended more frequently than any other kind of support at the beginning of the study. In all, 126 unmarried mothers (42.1 per cent of the sample) were judged to be in need of this type of service. At the second interview financial support was the second most common type of service recommended but by the final interview it had fallen to the sixth most common. As indicated in the preceding

TABLE 12:7

Assessment of Loneliness Among the Unmarried Mothers
Over the Eighteen-Month Study Period

Assessment of Loneliness	Immediately Following the Birth of the Child	Nine Months After the Child's Birth	Eighteen Months After the Child's Birth
	(299)	(299)	(299)
No Problem	82.6	78.6	81.9
Slight Problem	8.0	9.0	12.1
Moderately Serious Problem	6.0	5.7	2.7
Serious Problem	1.4	2.3	2.0
Unable to Judge/ No Answer	2.0	4.4	1.3
TOTAL	100.0	100.0	100.0

discussion of "problem areas", the eventual receipt of public financial aid by many of the mothers studied had alleviated some of the acute financial difficulties.

There were a few mothers who continued to have financial difficulties throughout the study period because they were not eligible for public financial assistance. In some instances, they were too young to qualify for such assistance. In other cases the mothers were ineligible because they refused to lay a charge for maintenance against the child's father in the Family Court.[3]

TABLE 12:8

Percentage Distribution of Married and Unmarried Mothers by Number of Problem Areas

Number of Problem Areas	**Immediately Following the Birth of the Child**		**Nine Months After the Child's Birth**		**Eighteen Months After the Child's Birth**	
	Unmarried Mothers	Married Mothers	Unmarried Mothers	Married Mothers	Unmarried Mothers	Married Mothers
	(298)	(294)	(289)	(293)	(299)	(295)
None	20.1	58.8	29.4	67.3	22.7	62.0
One - Two	3[illegible]	32.3	37.4	26.9	40.2	31.2
Three - Four	31.2	8.2	22.8	4.8	27.1	6.1
Five - Six	9.0	0.7	10.1	1.0	9.7	0.7
Seven	0.7	-	0.3	-	0.3	-
TOTAL	100.0	100.0	100.0	100.0	100.0	100.0
No Information	(1)	(1)	(10)	(2)	-	-

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[3] *Eligibility for Family Benefits in Nova Scotia requires an unmarried mother to lay a charge against the child's father for maintenance.*

Child Care Services

Child care services were the second most common support service recommended at the first interview, and the most common at the second and third interviews. In all, 53 mothers were considered to be in need of such services at the first phase of the study, 51 mothers at the second, and 53 mothers at the third.

The interviewer identified a number of specific needs relating to child care services. Firstly, they saw a need for more infant care

TABLE 12:9

Percentage of Unmarried Mothers for Whom Specific Services Were Recommended

Recommended Service	Immediately Following the Birth of the Child	Nine Months After the Child's Birth	Eighteen Months After the Child's Birth
	(299)	(249)	(299)
Financial Support	42.1	17.2	11.7
Child Care Services	17.7	17.6	17.7
Child Care Instruction	16.4	7.9	16.7
Accommodation	16.4	13.1	17.1
Education	15.1	14.8	14.7
Employment	10.0	9.0	8.0
Personal Counselling	9.4	9.0	9.7
Support Services	8.4	4.3	13.0
Health Standards Information	1.0	2.5	2.0
Postnatal Care	1.0	-	-
Family Planning Information	-	2.8	3.0
Transportation Services	-	1.7	1.7
Community Resources Information	-	0.7	1.0
Other	1.0	0.3	2.3

facilities. Secondly, they felt that there was a need for approved lists of babysitters in communities throughout the province. Many of the mothers in the study expressed misgivings and doubts about the reliability and competence of babysitters. Therefore, the interviewers felt that the involvement of volunteer or government agencies in establishing approved lists of babysitters or infant care homes would provide a beneficial service to mothers who needed alternate child care. Thirdly, since the unmarried mothers had limited financial resources, the interviewers saw a need for more subsidized infant and day-care facilities.

The need for child care services resulted from a variety of situations. Some of the mothers wanted to resume their education or begin employment outside the home. In other cases, the interviewers felt that the mothers simply needed some time away from the responsibilities of child care. In one case, an interviewer felt that the frequent hospitalization of the child had resulted partially from the mother's wish to be relieved of her child-caring responsibilities.

Child Care Instruction

Instruction on child-caring methods was the third most common type of service recommended at both the first and third interviews. In all, 49 mothers at the first interview, 23 mothers at the second, and 50 mothers at the third interview were considered to be in need of this kind of service. In most cases, in the interviewers' opinion, basic child-caring knowledge was lacking. They recommended that to improve the quality of child care more Community Health Nurse visits would be useful as well as the provision of parent training programs. As well as providing information about general child care, the interviewers felt that such programs should focus on child development and preventive health care and should aim at building up confidence in the mother of her child-caring ability.

Accommodation Services

Help with accommodations—providing better and cheaper housing—was the fourth most common type of service recommended at the first and second interviews and the second most common one at the final study interview. Provision of more low rental housing was one of the interviewers' specific recommendations. As well, they reported a need among many mothers for assistance in actually locating good quality housing.

Educational Services

Educational services were recommended for 45 mothers at the first study phase, 43 mothers at the second phase and 44 mothers at the final phase. In most instances, the mothers were judged to be in need of educational and career counselling. In other cases, the mothers expressed a desire for work but, because of their very low levels of education, the interviewers felt that some kind of training or educational upgrading was required.

Employment Services

Despite the large number of unmarried mothers who did not work throughout the study period, employment services were recommended for only 30 mothers at the first interview, 26 mothers at the second and 24 mothers at the third. Because many of the mothers often had no plans or desire to work outside the home, the interviewer in these cases would not have recommended employment services.

When employment services needs were identified by the interviewers, they generally related to such things as: job creation programs; job evaluation and assessment services; and special services to assist the mothers in locating employment.

Support Services

Group support services were recommended for 25 mothers at the first study interview, 13 mothers at the second interview and 39 mothers at the third. The interviewers perceived these women to be somewhat lonely and isolated in their present situation. They felt that "new mother groups" or "single parent groups" would provide the women with an opportunity to meet other single mothers, to discuss mutual problems, and to develop much needed peer support.

Personal Counselling Facilities

The interviewers considered that 28 mothers were in need of personal counselling at the beginning of the study. In addition, counselling services were recommended for 26 mothers at the second interview and 29 mothers at the third interview. In some instances, personal counselling was needed for mothers who had become quite anxious and depressed as a result of the experience of single motherhood. In other cases, the birth of an out-of-wedlock child had caused conflict between the mother and members of her family. Family counselling was recommended by the interviewers in these situations. In addition, pre-marital and legal counselling, and counselling aimed at self-development, were considered to be a need of a few mothers.

Other Service Recommendations

There was a variety of other service recommendations made but, at any phase of the study, fewer than ten mothers were thought to be in need of any of these particular services. The recommended services included such things as family planning services, transportation services, health standards information, and community resource information.

ASSESSMENT OF CONCERN

At the final study interview the interviewers made an overall assessment of the mother's situation. On the basis of this assessment, they made a further judgement as to the degree of concern they felt for the mother's ability to raise her child adequately.

This "ability" did not relate exclusively to such things as the mother's capacity for nurturing and providing love to her child. If the interviewer was able to obtain an impression of this capacity, however, it could have entered into the assessment. But the assessment was a more all-encompassing measure, taking into account numerous factors which could affect an individual's ability to raise a child adequately. For example, material factors were considered—the economic resources the mother had and the quality of housing she was able to provide. Situational factors were taken into account, whether there was any conflict within the home and whether the mother had an adequate support system. Psychological factors were considered, whether the mother was adjusting favourably to the parenting role and whether she showed any signs of depression, anxiety or frustration about her present situation. Interactional factors were taken into account, whether there seemed to be a good bond between mother and child and whether the mother's expectations of her child's behaviour were reasonable. Finally, health factors were considered—whether both mother and child appeared to be in good health.

In many ways, the interviewers' "assessment of concern" was very similar to the "potential for parenting problems" measure which was discussed in the preceding chapter. Both measures, for instance, accounted for the financial situation, support system, health of the child and psychological make-up of the mother. But where the "parenting problem" measure was based entirely on objectively measured criteria, the interviewers' assessments allowed for subjective impressions of the mothers' situations as well.

The interviewers' assessments gave a more positive picture of the unmarried mothers than the "parenting problem" measurement. For example, while only 30.9 per cent of the mothers were classified as having "no risk" for parenting problems, 55.9 per cent were judged by the interviewers as exhibiting "no cause for concern" with respect to their ability to raise their children adequately. In addition, in only 2.0 per cent of the cases did the interviewers feel there was cause for "great concern", whereas 6.5 per cent of the mothers were classified as being at either "considerable" or "extreme risk" for parenting problems.

In spite of the more positive assessments made by the interviewers, the married-unmarried differences were still apparent. For example, the interviewers had "no concern" for almost all the married mothers (91.9 per cent) compared to only 55.9 per cent of the unmarried mothers. They had "mild concern" for 29.1 per cent of the unmarried mothers compared to only 5.8 per cent of the married mothers; "moderate concern" for 13.0 per cent of the unmarried mothers compared to 2.0 per cent of the married mothers; and "great concern" for 2.0 per cent of the unmarried women compared to 0.3 per cent of the married women *(Table 12:10)*.

TABLE 12:10

Interviewers' Assessment of Concern at the Eighteen-Month Interview

Assessment of Concern	Unmarried Mothers		Married Mothers	
	Number	Percentage	Number	Percentage
No Concern	167	55.9	271	91.9
Mild Concern	87	29.1	17	5.8
Moderate Concern	39	13.0	6	2.0
Great Concern	6	2.0	1	0.3
TOTAL	299	100.0	295	100.0

Chi Square = 99.56, df = 3, P <.0000

SUMMARY

In the interviewers' opinion, insufficient money was the most common problem among the unmarried mothers at each phase of the study. Housing, educational and employment problems were also considered to be fairly common (between approximately 30 and 45 per cent of the mothers were judged as having difficulty in these areas at each phase of the study). The ability to care for the child, the availability of persons to help with child care, and loneliness were thought to be less common problems. Approximately 15 to 30 per cent of the mothers were considered to be having difficulties in these areas at any one of the study phases.

Although a mother may have had a problem in a particular area of her life, recommendations for support services were usually made by the interviewers only when they considered the situation was fairly serious. At the beginning of the study, financial support services were recommended for slightly more than 40 per cent of the mothers. Other services such as child care facilities, child care instruction, accommodation, educational and employment-related services, personal counselling and group support services were recommended for approximately four to twenty per cent of the mothers.

The interviewers had some degree of concern for the unmarried mothers' ability to raise their children adequately in approximately 45 per cent of the cases. In very few cases, however, did they feel the situation was so bad as to cause "great concern."

13 SUMMARY AND IMPLICATIONS

This final chapter will summarize the most pertinent findings which emerged from the study and discuss their implications for services. In presenting the study findings, we have attempted to meet our original study objective, which was to provide an indication of the well-being and future prospects of the unmarried mother and her child.

Each mother in the study was experiencing parenthood for the first time. Over the eighteen months that they participated in the study, many of the mothers shared common difficulties, such as learning to cope with the demands of a child; adjusting to the responsibility of parenthood; finding suitable child care when they returned to work, and so on. Despite the similarity of some of their experiences, however, the married and unmarried mothers differed in many respects.

The unmarried mothers were much younger than their married counterparts. Approximately two-thirds of them were still teenagers when their children were born compared to only slightly more than ten per cent of the married mothers. They also had much less education than the married mothers and only a small proportion had any job training. They were more likely to have grown up in a home where one or both of their natural parents were absent and far fewer had any employment experience. Insofar as being able to provide for their children, therefore, the unmarried mothers were disadvantaged from the outset because of their youth, lack of education, job training and employment experience.

The Pre-Birth Experience

The majority of the unmarried mothers studied had not wanted to be pregnant. The youngest mothers; those who had been attending school at the time of the pregnancy; and those who came from homes where their parents were married and living together, were least likely to have wanted to be pregnant. In spite of the fact that they had not wanted to be pregnant, the majority of the mothers had not taken any precautions against pregnancy. The most frequently mentioned reasons for not having used birth control were psychological in origin: the mothers denied the risk of pregnancy; they were too embarrassed to talk to anyone about birth control; they feared parental reaction; or they simply procrastinated obtaining birth control. The next most common reason the mothers gave for failing to protect themselves against pregnancy related to their fears and misgivings about existing methods of birth control. They felt that the health hazards posed, particularly by the pill, outweighed the risk of becoming pregnant.

Although the mothers' explanations for failing to use contraception were certainly important, their responses pointed to more deeply-rooted problems. Most importantly, the extent of their knowledge about birth control was very limited. Most knew only about oral contraceptives and, even then, their understanding of that particular contraceptive method was very shallow. When they knew of alternatives, most mothers considered them to be unacceptable or ineffective. A second pervasive problem was the mothers' lack of understanding of the sexual functioning of the body. In particular, they seemed to have little knowledge of the reproductive processes of the body and how the various contraceptive methods affect those processes.

When the unmarried mothers in the study became pregnant most, apparently, decided immediately to keep their children. Those who left the decision until the last minute (i.e., just before the baby was born or just after) tended to be the youngest mothers. Most of the mothers reportedly made the decision to keep their child themselves. They did, however, consult persons close to them about their plans. When other individuals were consulted, they evidently supported the mother's plan to keep and raise her child. In only a small proportion of cases was there outright objection to the idea, according to the study mothers.

The majority of mothers said they considered no other options other than keeping the child and raising it as a single parent. Approximately one-third of the mothers, however, said they would have preferred marriage given the opportunity, and approximately one-quarter said they thought about placing their child for adoption at some time during their pregnancy.

Few mothers consulted a professional person about their plans for their children. Either they did not know such assistance was available or they were unclear about who was providing the service. Most who knew this kind of service existed, thought of it as an exclusively adoption service.

During their pregnancy, most of the unmarried mothers did not consider any future parenting problems to be serious enough to cause them to contemplate giving up their children. On the contrary, they felt that they had been adequately prepared for the responsibility that awaited them. The interviewers who met with the mothers, however, did not agree that this was so. The interviewers felt very strongly that many of the unmarried mothers had not planned sufficiently for their children. In their estimation, many of the mothers had uncertain financial futures and many, they felt, had failed to look ahead much more than a year.

Welfare of the Mothers

Living Arrangements and Housing: The most common living arrangement made by the mothers in the study was with their families. The second most frequent was common-law unions. Only a minority of the mothers lived alone with their children, although the percentage who did so increased over the study period. Although nearly two-thirds of the unmarried mothers had the same living arrangement at all three study phases, the unmarried mothers exhibited considerable residential instability. Nearly 60 per cent changed their places of accommodation at least once, and approximately one-third changed residences two or more times. Compared to the married mothers, their lives were much less settled during the study period.

The greater residential instability among the unmarried mothers stemmed from a number of factors. Because of limited financial means, many unmarried mothers could afford only the poorest quality of accommodations. As a result, they often moved in search of better living quarters. In addition, family conflict, changes in marital status, or a desire for independence were factors which precipitated residential changes.

The unmarried mothers were more often living in overcrowded homes and in homes which lacked basic amenities compared to married mothers. By the completion of the study, the unmarried mothers living alone with their children were most likely to be without basic amenities compared to the mothers in all other living arrangements. At the final interview, nearly 40 per cent of the unmarried mothers were judged by the interviewers to have housing problems. Twenty-three of these women were considered to be living in seriously substandard homes.

Welfare Dependency: By the end of the study, approximately one in three unmarried mothers was dependent upon public financial assistance as their major means of support. As well, over half of the mothers in the study had relied upon public financial aid for some period of time during the eighteen months. The least well-educated mothers, and those living in urban areas were most likely to have been in receipt of public financial assistance at the study's completion.

Financial Hardships: Based upon the interviewers' assessments, insufficient money was the most common problem experienced by the unmarried mothers. The difficulties experienced by the mothers living alone with their children were particularly acute. A much larger percentage of these women reported that their incomes did not meet the day-to-day cost of living compared to the unmarried mothers in other living arrangements.

Employment: The unmarried mothers were less likely to have worked outside the home during the study period and considerably less likely to have worked continuously during that time. The unmarried mothers who did not work tended to be the youngest mothers and the least well-educated. The unmarried mothers also exhibited less job stability than the married mothers. This was due largely to the fact that the only jobs for which many of the working unmarried mothers were qualified were seasonal or temporary. In addition, their lack of education and job skills resulted in their taking employment which paid low wages, offered poor working hours, and involved uninteresting or unpleasant kinds of work. Consequently, the unmarried mothers changed jobs more frequently.

The majority of the unmarried mothers were not working at the final study phase and had no desire to work. In most cases, their decision not to enter the labour force stemmed from a desire to devote their time to raising the child. Most unmarried mothers who wanted to work, but who were unable to find employment, said that there had simply been no jobs available. As well, some of the mothers found that their lack of education, job skills and job experience had prevented them from obtaining employment.

Resumption of Education: Only half of the mothers who had been attending school when they became pregnant resumed their education after their child was born, and only about one-third had improved their educational or training level or were still attending school at the completion of the study. The remainder of the mothers who resumed their education either withdrew after a period of time or failed whatever course or grade they were attending. The youngest mothers and the least well-educated were most likely to have been unsuccessful.

The most common problem among the mothers who withdrew or failed was their inability to find someone to care for their child while they attended school. In addition, some mothers found the strain of being both mother and student too great. Other mothers experienced financial difficulties, or they found the courses too difficult; they found they no longer had any interest in school; or they found the negative attitude of their schoolmates too unpleasant.

There were other unmarried women in the study who wanted to return to school or take particular training courses but had been unable to do so. Some did not have the necessary educational prerequisites for the training courses they wished to take; others were prevented because of filled enrollment quotas. Still other mothers did not go back to school in spite of a wish to do so, because they were unable to find or pay for babysitters; to pay for the course they wished to take; to arrange transportation; or they felt they could not cope with the strain of the double workload—being both mother and student.

Association with the Child's Father: Approximately a third of the mothers had either married the father of the child or were living in a common-law relationship with him by the end of the study. Another 15 per cent continued to have contact and hoped to marry him. The remaining mothers no longer saw their child's father at all, or else had contact but no plans for marriage. Of the mothers who were not living with their child's father, most received no financial assistance from him. When financial help was obtained, the actual amount of money was generally quite small. About half of the fathers who were not living with the child's mother took some interest in their child although only a minority took what could be considered an extensive interest.

Custody of the Child: The vast majority of the mothers retained custody of their children throughout the study period, and were responsible for their day-to-day care either solely or on a shared basis. A small number of mothers eventually placed their children for adoption. In addition, only a few mothers made arrangements for someone else to care for their child for any period of time during the eighteen months. When alternative child care was arranged, it was often so that the mother could pursue employment or educational goals.

Availability of Child Care Assistance: The majority of the mothers who considered themselves to be the sole caretakers of their children said they had babysitters when they required them. A larger percentage of those who did not were mothers living on their own. Some of the mothers who had difficulty finding babysitters said that the problem was finding someone who was trustworthy. Others could not find someone willing to care for a very young child. Still others found that there simply was no one available in the area where they lived. The cost of babysitting service was an additional problem that was mentioned.

Loneliness and Social Isolation: The mothers who lived alone with their children experienced problems of loneliness and isolation much more frequently than any other mothers in the study. They were less likely to have close friends or to have the opportunity to make friends and they participated in recreational and community activities less often than married mothers or unmarried mothers in other living arrangements.

Experience of Single Parenthood: The experience of unmarried parenthood had resulted in difficulties for almost all the mothers. Nearly every mother said she would advise a young single woman who was risking pregnancy to take precautions or think very carefully about what the consequences of pregnancy might be. In the opinion of many mothers, parenthood is too difficult a task for a young single woman. It forces heavy responsibilities on her before she has had a chance to grow up herself and robs her of her freedom. They felt that the burdens of parenthood were particularly heavy without the support of a husband, or at least some support from the child's father if he and the mother were not living together. Many mothers mentioned the loneliness of bringing up a child by oneself and the financial hardships one must bear. In spite of these difficulties, however, approximately half the mothers indicated that they were happy with their life and satisfied with how things had turned out.

Welfare of the Child

Although the unmarried mothers were more likely to have gone into labour early and to have given birth to low birth weight babies, the majority did carry their babies to term and gave birth to children within normal birth weight ranges. At the outset of the study, there were no major differences identified in the health of the babies born to unmarried and married mothers. Almost all were reportedly in good health at the first study interview.

Over the course of the study, however, the children of unmarried mothers experienced many more hospitalizations and Emergency Department treatments compared to the children of married mothers. They were more likely to have been hospitalized; to have been hospitalized on more than one occasion; to have remained in hospital for longer periods of time; and to have been hospitalized with serious health ailments. Low levels of education and poverty were strongly associated with this greater incidence of hospitalization.

The children of unmarried mothers were also more likely to have been taken to Emergency Departments for treatment. This greater frequency of emergency contacts was more often attributed to lack of confidence and child-care knowledge among the unmarried mothers, however, rather than more ill-health among their children.

In spite of more hospitalizations and hospital emergency treatments among the unmarried mothers' children, they did not differ substantially from the married mothers' children in terms of their development level at eighteen months of age. Only slightly more were below the tenth percentile in height, weight and head circumference by that time.

A greater percentage of unmarried mothers were found to have potential for parenting problems. In spite of this greater potential, however, the incidence of parenting problems over the eighteen months was only slightly greater among the unmarried mothers. For example, four cases of child neglect were identified in the Halifax-Dartmouth unmarried sub-sample and the children of unmarried mothers were more likely to be behind in their immunization. As well, there was a slightly greater tendency for unmarried mothers to use physical punishment when disciplining their children although the incidence of accidents and injuries experienced by their children was no greater than among married mothers' children.

Implications

The study findings point to a number of areas where existing services could be improved or new services introduced. An initial need indicated by the findings is for greater preventive services. Most of the unmarried mothers had not wanted to become pregnant and, approximately eighteen months after the birth of their children, almost half said that they had disappointments and regrets about how their life had turned out. In addition, almost all the mothers indicated that they would not recommend the experience of single parenthood to a young single woman. Therefore it would seem that greater emphasis needs to be placed on services which would have as their objective, the prevention of out-of-wedlock pregnancies among young women in the population.

The comments and remarks made by the mothers provide a clear indication of the direction such services should take. Firstly, there is a need for more extensive Family Life Education and more education concerning sexuality and the reproductive processes of the body. Secondly, there is a particular need for more information about contraception. Much of the information which the unmarried mothers in our study had received left them with only a hazy or vague understanding of what it is and what it does.

Many of our schools do include some Family Life Education in their curriculums. But if young people are to have a thorough understanding of their own sexuality and their personal responsibilities in sexual matters, then Family Life Education may have to be introduced at a much earlier age than it commonly is at present in the Nova Scotia School System. Equally important will be the need to continue this type of education throughout the school years. At present, some schools provide only one Family Life session to their students. In view of the complexity of the subject and its importance, we cannot expect a young person to have much more than a rudimentary understanding of the subject from this brief introduction.

Classroom lectures and discussions can provide the groundwork for Family Life Education, but once young people reach their teenage years there is very often a need for private and confidential consultation on these matters. Many of the mothers in [illegible] indicated that the subject of contraception and sexuality had been an embarrassing one for them prior to becoming pregnant. Some found they could not talk to their mothers or doctors about it and others simply denied the risk they were taking or put off thinking about it. Some schools do attempt to provide such consultative services through their Guidance Departments but this may not always be effective as young girls sometimes feel uncomfortable approaching a regular staff member. Therefore, a supplementary consultative service may be required such as a visiting nurse program.

The provision of Family Life Education and private consultation services in the schools will be an important first step, but it must be kept in mind that, at least in our study, the majority of women who gave birth out of wedlock had already left the school system. Therefore, similar kinds of services will need to be community-based in order to serve this large proportion of mothers who bear out-of-wedlock children. Although there are a few family planning clinics in the province, most communities do not have this kind of service.

Preventative services may also take another approach. In presenting information about the consequences of single parenthood to young people, the professional person frequently finds that what he/she has to say is not taken seriously or is rejected altogether. This person may be viewed as just one more authority figure telling teenagers how to live their lives. The comments that many of the mothers in our study made concerning their experiences of single parenthood indicate that the problems and difficulties of raising a child alone are very real. Professionals who are working with young people, therefore, may want to consider supplementing their own presentations with actual accounts or real life presentations of people who have gone through the experience of unmarried parenthood. Such accounts may have a more direct impact on teenagers and be viewed as being more relevant to their own lives.

In the case of single mothers who become pregnant there is a need for another kind of preventative service—one which would provide assistance to mothers who are planning to keep their children but who require help with such things as finding a place to live; obtaining financial assistance; learning how to budget; and learning how to care for an infant both on a day-to-day basis and when the child is ill. Our present social service agencies do provide services to single pregnant women but their priority is given to mothers who are planning, or at least considering, adoption. The reality today, however, is that most single pregnant women are keeping their children. All the mothers in our study did so initially, in spite of the fact that many, at least in the interviewers' opinion, were not adequately equipped for parenting. Thus, greater priority needs to be given to the mothers who are decided about keeping their children but require help in making plans for themselves and their children, and in developing parenting skills. Such services might prevent at least some of the problems which the women in our study experienced in the months following the birth of their babies.

To provide this service the existing single parent programs within our social services agencies would have to be expanded. Public awareness of these programs would also have to change. So long as they are viewed as exclusively adoption-oriented—which is how the mothers in our study who knew of these services viewed them—there will be little chance of making contact with the mothers who have already decided to keep their children.

Preventative services are of particular importance if we are to adequately serve these young pregnant women. But assistance will also be needed for those who already have children and are attempting to raise them on their own. The delivery of such services may well be best achieved through the co-ordinated efforts of a number of disciplines—health, education and social services—and of volunteer, private and public agencies involved with single parents. Although there were considerable differences in the experiences of the mothers in our study, there were some areas of difficulty which affected fairly substantial proportions of the mothers. These areas of difficulty provide a clear indication of where assistance is needed.

Housing was one of the most prominent problem areas. At the end of the study, the interviewers considered that about 40 per cent of the mothers had housing problems. The housing situation was particularly poor of mothers living on their own with their children. These women were more often in accommodations which lacked basic household amenities and they expressed greater dissatisfaction with their housing than the mothers in other living accommodations. In extreme situations, they lived in poorly heated, drafty and dilapidated dwellings.

To alleviate these problems, help in several areas seems to be required: help in locating housing of decent quality; help from someone who will take an advocacy role in seeing that landlords provide proper repair and upkeep of their buildings; and the provision of more low-rental housing of good quality.

In most cases the housing problems were the direct result of inadequate incomes. With only a limited amount of money to spend on accommodations, many of the mothers were forced to live in the poorest quality dwellings. To enable these women to find more adequate living places, the various levels of government involved in public assistance programs may have to re-examine their policy regarding shelter allowances.

Although the study did not find an extensive need for child care services among the unmarried mothers during the first eighteen months of their children's lives, there were some mothers who did need alternate child care and who experienced difficulty finding it. Two specific problems were mentioned by the mothers: their uncertainty about the trustworthiness and reliability of babysitters and the lack of infant care facilities.

Although there has been considerable progress made over the past decade in the provision of day care facilities for older children, the same has not been true in relation to infant day care. The primary problem has, of course, been the cost of such programs since worker-child ratios must, of necessity, be much smaller. But a recent project initiated in one urban area of the province is attempting to set up infant day care in approved private homes. This will provide a valuable service to women who are returning to the work force while their children are still quite young. But, because these homes must meet government standards for child care, concerns such as those expressed by many women in our study about the reliability and trustworthiness of babysitters will be diminished. If this effort to provide infant care proves successful then consideration should be given to providing similar services in all parts of the province.

The relatively high incidence of hospitalizations and Emergency Department treatments among the children of unmarried mothers suggest the need for more thorough instruction in child care. Such instruction might provide emphasis on the infant's nutritional needs, infant feeding and general care, child development, and methods of both preventing illness and nursing a sick child.

For those mothers interested in continuing their education or in acquiring job skills, more support is required such as child care facilities, training allowances, vocational and employment counselling and, more generally, assistance in locating suitable employment. Few unmarried mothers in the study had any definite employment or career plans and many were quickly discouraged when they could not find employment or could not take courses for which enrollment quotas had already been filled.

There appears to be a need for more involvement on the part of volunteer, private and public agencies in providing assistance to young mothers who may be having problems learning to parent. Although the study found only a few cases of child neglect, a fairly large proportion of mothers were identified as being at moderate, considerable or extreme risk for parenting problems. The vast majority of these women had no contact with social agencies, apart from those providing strictly financial assistance, during the study period. In the four cases of neglect, the situations came to the attention of social agencies only after they had become quite serious. Therefore, assistance to mothers who have a marked potential for parenting problems may well fulfill a preventive function in avoiding real problems later on. The identification of these individuals could be made at the time of birth by looking for the presence of a combination of factors known to precipitate parenting problems: a poor mother-child bond; an inadequate support system; a poor financial situation; limited child-care knowledge; an unhealthy child, and so on. Efforts could then be made to involve these new mothers in programs that would assist them with parenting.

Finally, the relative social isolation and loneliness experienced by unmarried mothers who live on their own suggests a need for the creation of more informal groups of single parents. Such groups could provide these mothers with an opportunity to meet other women in similar situations and gain much-needed peer support. But professionals, who have been involved in the establishment of single parent groups in the past, have noted that their value goes well beyond this. In their view, such groups also provide the mothers with an opportunity to share information about child care, child discipline and child development and to gain confidence in their parenting ability.

In discussing the implications of the study findings, we have focused on the problems which the unmarried mothers encountered and the kinds of assistance they required. To conclude the report, mention should be made of the positive aspects of their lives. In spite of low income, poor quality housing, and few material resources, most unmarried mothers seemed to be managing quite well in their parenting role. The interviewers noted that, in most cases, the children appeared well looked after and in good health. In only a few cases did the interviewers feel that there was cause for great concern about the mothers' ability to care for their children. Although the study did confirm that many of the concerns about the difficulties of unmarried parenthood are quite valid, it also showed that the extremely poor situations are the exceptional cases rather than the typical ones.

APPENDIX A

Appendix A presents statistical comparisons of married and unmarried mothers who completed all three phases of the study and those who were lost to follow-up. The information was collected at the first interview.

TABLE A:1

Percentage Distribution of Married and Unmarried Mothers Who Completed All Phases of the Study and Those Who Were Lost to Follow-Up, by Age at the Time of Birth

Age of Mothers	**Unmarried Mothers**		**Married Mothers**	
	Completed	Lost to Follow-Up	Completed	Lost to Follow-up
	(299)	(47)	(295)	(31)
Less Than 17	18.7	12.8	1.0	-
17 to 19	48.2	38.3	11.5	12.9
20 to 24	27.1	42.5	46.8	51.6
25 or More	6.0	6.4	40.7	35.5
TOTAL	100.0	100.0	100.0	100.0

Unmarried Mother Comparisons: Chi square = 4.99, df = 3, $p < .17$
Married Mother Comparisons: Chi square = 0.69, df = 3, $p < .88$

TABLE A:2

Percentage Distribution of Married and Unmarried Mothers Who Completed All Phases of the Study and Those Who Were Lost to Follow-Up, by Education

Educational Level	Unmarried Mothers		Married Mothers	
	Completed	Lost to Follow-Up	Completed	Lost to Follow up
	(299)	(47)	(294)	(31)
Less Than Grade 10	44.8	34.0	7.8	16.1
Some High School	36.1	42.6	24.9	35.5
Completed High School	17.1	21.3	47.6	25.8
Some or Completed University	2.0	2.1	19.7	22.6
TOTAL	100.0	100.0	100.0	100.0
No Information	-	-	(1)	-

Unmarried Mother Comparisons: Chi square = 1.95, df = 3, $p < .58$
Married Mother Comparisons: Chi square = 6.52, df = 3, $p < .09$

TABLE A:3

Percentage Distribution of Married and Unmarried Mothers Who Completed All Phases of the Study and Those Who Were Lost to Follow-Up, by Level of Risk For Parenting Problems

Level of Risk For Parenting Problems	**Unmarried Mothers**		**Married Mothers**	
	Completed	Lost to Follow-Up	Completed	Lost to Follow-up
	(278)	(43)	(291)	(31)
No Risk	30.9	34.9	67.4	51.6
Minimal Risk	37.8	48.8	26.1	35.5
Moderate Risk	24.8	9.3	4.8	6.5
Considerable Risk	5.8	7.0	1.7	6.4
Extreme Risk	0.7	-	-	-
TOTAL	100.0	100.0	100.0	100.0
No Information	(21)	(4)	(4)	-

Unmarried Mother Comparisons: Chi square $= 5.69$, *df* $= 4$, $p < .22$
Married Mother Comparisons: Chi square $= 5.00$, *df* $= 3$, $p < .17$

TABLE A:4

Percentage Distribution of Married and Unmarried Mothers Who Completed All Phases of the Study and Those Who Were Lost to Follow-Up, by Interviewers' Assessment of Financial Problems at the First Interview

Assessment of Financial Problems	Unmarried Mothers		Married Mothers	
	Completed	Lost to Follow-Up	Completed	Lost to Follow-up
	(299)	(47)	(295)	(31)
No Problem	39.8	46.8	82.0	58.1
Slight Problem	19.1	19.2	8.8	16.1
Moderately Serious Problem	23.7	21.3	4.8	9.7
Serious Problem	15.1	10.6	2.4	9.7
Unable to Judge/ No Answer	2.3	2.1	2.0	6.4
TOTAL	100.0	100.0	100.0	100.0

Unmarried Mother Comparisons: Chi square = 1.15, df = 4, p < .89
Married Mother Comparisons: Chi square = 12.02, df = 4, p < .02

TABLE A:5

Percentage Distribution of Married and Unmarried Mothers Who Completed All Phases of the Study and Those Who Were Lost to Follow-Up, by Interviewers' Assessment of Housing Problems

Assessment of Housing Problems	**Unmarried Mothers**		**Married Mothers**	
	Completed	Lost to Follow-Up	Completed	Lost to Follow-up
	(299)	(47)	(295)	(31)
No Problem	70.2	72.3	91.5	77.4
Slight Problem	8.7	6.4	3.1	12.9
Moderately Serious Problem	9.4	10.6	3.4	6.5
Serious Problem	10.0	6.4	1.7	3.2
Unable to Judge/ No Answer	1.7	4.3	0.3	-
TOTAL	100.0	100.0	100.0	100.0

Unmarried Mother Comparisons: Chi square = 2.26, df = 4, p <.69
Married Mother Comparisons: Chi square = 8.62, df = 4, p <.07

TABLE A:6

Percentage Distribution of Married and Unmarried Mothers Who Completed All Phases of the Study and Those Who Were Lost to Follow-Up, by Interviewers' Assessment of Educational Problems

Assessment of Educational Problems	**Unmarried Mothers**		**Married Mothers**	
	Completed	Lost to Follow-Up	Completed	Lost to Follow-up
	(299)	(47)	(295)	(31)
No Problem	58.5	70.2	90.2	80.6
Slight Problem	18.4	12.8	5.4	6.5
Moderately Serious Problem	13.7	4.3	2.7	9.7
Serious Problem	9.0	10.6	0.3	3.2
Unable to Judge/ No Answer	0.4	2.1	1.4	-
TOTAL	100.0	100.0	100.0	100.0

Unmarried Mother Comparisons: Chi square = 6.95, df = 4, p < .14
Married Mother Comparisons: Chi square = [illegible].60, df = 4, p < .07

APPENDIX B

Appendix B presents case studies of mothers who eventually placed their children for adoption. Pseudonymns are used in each case history.

Elaine

Elaine was a young girl of 14 years when her baby was born. Prior to the birth and pregnancy, she had been living at home with her parents and four brothers and sisters. She had been attending Grade 8 when she became pregnant but, after it was confirmed, she withdrew from school to await the birth of the baby.

Elaine had not wanted to be pregnant. She had known nothing about birth control prior to becoming pregnant, and in her own words said, *"I really didn't know there was such a thing."*

The news of Elaine's pregnancy caused a great deal of distress in her family. Her mother wanted her to have an abortion but, by the time they approached their doctor about it, Elaine's pregnancy was too far advanced. Since that option was not available, her family advised her to place the child for adoption. Yet, in spite of her family's objections, Elaine decided to keep the baby after the birth. She could not articulate why she had done so except to say, *"I just wanted to keep her."*

At our first contact with Elaine, her plans for the future were very vague. After leaving the hospital, she and her baby had gone to live with a sister-in-law but this was only a temporary arrangement and Elaine was already planning to move back with her parents. She no longer had any contact with her baby's father yet was counting on some financial assistance from him. She indicated that she was going to apply for Family Benefits (public financial assistance available to unmarried mothers) and that she preferred to support herself and her baby in this manner. She was not aware, it seemed, that such financial assistance was available only to unmarried mothers 16 years of age or more. At that time, she had no plans ever to go back to school but wanted to assume the role of full-time parent.

The problems which she experienced in the ensuing months were perhaps predictable. She was unable to receive Family Benefits because of the age restriction. The baby's father did make a very small contribution,—$20 a week—but after a time he refused to give even this amount as he claimed Elaine was not spending it on the baby but on cigarettes and things for herself. Instead of moving back to her parents' home as she had said she was going to at the time of our first interview, she had gone from her sister-in-law's house to live with an older sister, then from there to her parents' home, back to her sister's again, then to another province to take a job, back to her parents and, finally, back to her sister's home where we found her at the second interview.

Elaine's baby did not stay with her through all those changes in residence. She had taken the baby to her sister-in-law's home initially and from there to her sister's house and finally to her parents' home. But all the while she was getting pressure from a number of family members to give up her child. By the time the baby was about two months old, Elaine agreed to let a relative adopt her baby. She felt very pressured into making this decision. She said that for much of this period she had no place where she could stay on a permanent basis and when she did make arrangements that might have been permanent, she did not get along with the other members of the household. As well, there were the economic worries. At our second and final contact with Elaine she was very unhappy about how things had turned out and she expressed bitterness about being ''forced'' to give up her child. She was living with her sister and her sister's boy-friend at that time and was working full time. She was not particularly happy with her job but felt she couldn't get anything better with her very limited education. She did not plan to go back to school, however, since she felt she would now be too much older than her classmates.

Brenda

Brenda was another 14 year-old unmarried mother. Prior to her pregnancy and the birth of her baby, she lived at home with her parents and three brothers and sisters. Brenda was attending Grade 8 when she became pregnant. She continued to attend school after she became pregnant, completing the grade before the baby was born.

The baby's father was much older than Brenda. He was 25 and single and he and Brenda had only known one another for less than six months before she got pregnant.

Brenda had not wanted to be pregnant. She had never used birth control prior to becoming pregnant and had only talked about it among her friends. She said she had not known enough about how to prevent a pregnancy but did not try to obtain more information because, in her own words, *''I'm very shy . . . I can't talk to people about certain things.''*

In spite of her youth, Brenda said she wanted to keep her baby as soon as she realized she was pregnant. She explained her feelings in the following way: *"All my friends wanted me to keep it. It was kind of a novelty . . . everyone was excited about it."* Her parents, however, did not like the idea of Brenda keeping the baby. Both her mother and father wanted the baby to be adopted.

After the baby was born, Brenda returned to her parents' home. Although her parents strongly opposed Brenda's keeping the child, she planned to get money from the baby's father so she could support the child herself.

At our first contact with Brenda, she was no longer seeing the baby's father, however. When the child was about a month and a half she arranged to have him placed in a foster home until she could get money to support him herself. But in the months that followed no money was ever received from the baby's father. Because she had no means of supporting her child and because her parents refused to give any encouragement or assistance, Brenda eventually agreed to place the child for adoption.

At our last contact with Brenda at the nine-month interview she was quite upset and bitter about everything that had happened. She deeply resented the fact that her parents had pressured her into giving up her child. She said she had not gotten along well with her parents before her baby was born but that things had gotten progressively worse since the baby's birth. Although she was back in school attending Grade 9 when we contacted her the last time, she was not happy and expressed a wish to leave her parents' home.

Cathy

Cathy was quite a bit older than most of the other unmarried mothers who eventually gave their children up for adoption. When her baby was born, she was 26 years old. She had only completed Grade 10 in school and had not taken any specialized job training since she had left the school system. When Cathy became pregnant she was living at home with her mother and was employed in a job as a waitress, a job she had held for the previous three years. She quit working before the end of the first trimester of her pregnancy and did not plan to resume employment outside the home after the baby was born.

The baby's father was a 29 year-old single man whom Cathy had known for more than a year before she got pregnant. He was running a small business of his own but by the time of our first contact with Cathy, she was no longer seeing him. She expressed dislike for him and had not wanted to marry him during her pregnancy. Cathy explained that, *"I couldn't be close to him after the things he said about me."*

Cathy had not wanted to be pregnant. She had never used birth control before she got pregnant, although she had talked to friends and members of her family about it and felt she knew enough about how to prevent a pregnancy. But she did not protect herself against pregnancy because, apparently, she never thought about the risk she was taking.

After Cathy discovered she was pregnant, she wanted to keep her child very much at first. But her mother was upset by the idea and felt that, since Cathy was not married, the best thing for everyone concerned was to have the child adopted. During her pregnancy Cathy thought about the possibility of both adoption and abortion. A girl-friend of Cathy's had recently had an abortion and, because she had been quite sick afterwards, Cathy felt she didn't want to go through that. In spite of her mother's wishes, Cathy avoided making any decision regarding adoption while she was pregnant.

After the birth, the pressures of being an unmarried mother and not receiving any family support took their toll. Cathy suffered a mental breakdown. As she was in no condition to take her child home with her, Cathy placed the child in temporary foster care until a time when she would be able to care for the baby herself.

Cathy returned to her mother's home after the birth and for the next few months received weekly counselling from both a Social Service Worker and a nun at her parish church. After a time, and at the urging of her mother, Cathy decided to place her child for adoption. She had wanted to raise her child herself so this decision was a very difficult one for Cathy. After the decision had been made Cathy went through a period of bereavement. But at our final contact at nine months she was feeling much better about how things had turned out. She felt that the child would probably have a better life with two parents and was no longer sure whether she would have been able to care for her child.

At this last interview, Cathy was still living with her mother and was looking for employment. She had not been having any success, however, and felt that finding a job was a considerable problem for her.

Judy

Judy was 18 years old when her baby was born. She had been out of school for a couple of years and had only a Grade 9 education. When she became pregnant, she was living with her mother. She was not working at this time but was staying at home.

Judy had only known the baby's father a short time before she became pregnant. He was a 23 year-old single man with a completed High School education. They broke up after she had been pregnant just two months and, before Judy's baby was born, he had married someone else.

Judy had not wanted to get pregnant. She had used oral contraceptives before but stopped taking them because of side effects. At the time she became pregnant, she didn't think it was likely to happen as she had not been having a regular menstrual cycle.

After the baby was born, Judy moved back with her mother, bringing a new boy-friend with her. Their financial situation at this time was poor. The only income Judy's mother had came from babysitting on a part-time basis. Her new boy-friend was working but his income only amounted to about $200 a month. Judy had applied for Family Benefits but was turned down because she was living common law.

In addition to the financial problems, Judy also seemed to be having difficulty coping with the demands of parenting. The interviewer who met with Judy felt that: *"her child care knowledge was fair but her frustration level seemed to be quite low and full-time care of her baby would probably be too much and would lead to problems."* At this first contact, the interviewer felt that there were problems present in almost all aspects of Judy's life: the financial situation; the housing situation; her ability to care for the child; the availability of persons to help look after the child and her ability both to find a job and to continue her education.

Between the time of our first and second contact with Judy, her life was extremely unsettled and her situation appeared to go from bad to worse. She did not live with her mother very long before (according to Judy) her mother *"kicked"* her and her boy-friend out. In the months that followed she and her boy-friend moved from place to place—each substandard and run-down. At one point they lived in a single room above a restaurant. During this time there had been very little money and Judy began to experience more and more difficulty coping with the parenting role. In her own words, she explained: *"I was a nervous wreck . . . the doctor wouldn't give me anything for my nerves . . . it used to upset me a lot when the baby would cry."* But in addition to the financial problems, the poor living quarters, and the stress Judy was feeling caring for her baby, her relationship with her boy-friend was also causing problems. By the time her baby was five months old she and her boy-friend were apparently quarrelling very frequently.

At this point a neighbour, who evidently had reason to believe that Judy had left her baby alone in her apartment, contacted a Social Service agency. There was an immediate response and the child was apprehended. Two months later the child was adopted. Although Judy strongly denied the allegation that she had left her child unattended, she nevertheless expressed a great deal of relief that she no longer had the responsibility of caring for the child. She explained that, *"Sometimes I wish I had her back but I feel she's better off in another home."*

At our last contact with Judy she and her boy-friend were living with her mother once again. Neither she nor her boy-friend were working although Judy indicated that her boy-friend was looking for a job in order to support them.

Diane

Diane was 23 years old when her baby was born. Her parents were separated and prior to the birth and pregnancy she had been living with her mother and younger sister.

Diane had little formal schooling and, because she was a mentally retarded adult, she had been receiving a Disability Allowance from the Provincial Department of Social Services prior to becoming pregnant.

Diane knew very little about the child's father. He was single, but she was uncertain how old he was and did not know whether he worked or what education he had. Diane had known him for less than a month before she got pregnant. At our first contact with her after the baby was born she was no longer seeing him and seemed to feel considerable bitterness toward him.

The decision to keep the child had been a joint one between Diane and her mother and was not made until the seventh month of pregnancy.

After the baby was born, Diane returned to live with her mother and sister. Because of Diane's disability, her mother was assuming or at least supervising much of the care of the child.

In the months that followed, both Diane and her mother had doubts about whether they were doing the best thing for the child. Money was a major worry. Diane's mother supported herself and her younger daughter on a deserted mother's allowance from the Provincial Department of Social Services, and Diane had only the Disability Allowance. But both sources of income did not meet all the extra needs required by the baby. More importantly, though, they were concerned that if anything happened to Diane's mother, Diane would not be able to raise her child on her own.

When a family acquaintance suggested to Diane and her mother that she and her husband would like to adopt the child, they agreed to the idea and when the baby was five months old a private adoption was arranged. Although the loss of the baby caused both Diane and her mother a great deal of sorrow, both felt that they had done the best thing for the child.

Janet

Janet was 18 years old when her baby was born, and she had only a Grade 9 education. Prior to the pregnancy she had been living with her mother and two siblings and had been working as a waitress. She had had the waitressing job for the previous two years. After she discovered she was pregnant, she continued to work into the second trimester of her pregnancy.

The father of Janet's baby was just 19 years old at the time of the birth. He was single and he and Janet had known one another for over a year prior to the pregnancy.

Janet had not wanted to get pregnant. She had been using oral contraceptives but had been forgetful about taking them each day. When she became pregnant, however, there was no hesitation in her decision to keep and raise the baby. Janet's mother strongly supported her in this wish and, apparently, had a strong influence on her decision.

After the baby was born, Janet returned to live with her mother. She had very little money to support her child, however. She was not working and had decided not to apply for Family Benefits as she did not want to take the baby's father to court. At our first contact with Janet she was still seeing the baby's father. He was providing some financial assistance and Janet hoped that they would get married in the future.

During this first contact, the interviewer had reservations about whether Janet would be able to cope with the responsibilities of parenting. She found Janet shy, withdrawn, and not very bright, and she questioned her ability to care for a child.

In fact, in the months that followed, Janet did experience problems coping with the demands of parenting. In addition, her relationship with the baby's father deteriorated. By the time of our second contact, she was no longer seeing him and, although she did say she still liked him, there were no more plans for marriage. Eventually it was decided that the maternal grandparents would adopt the baby.

At our final contact with Janet at nine months the adoption had been finalized. Janet had moved out on her own and was working as a waitress again. She still had considerable contact with her baby but now more in the role of a sister than mother. Both Janet and her parents seemed pleased with how the situation had been resolved.

Marilyn

Marilyn was another 14 year-old unmarried mother. When she became pregnant, Marilyn was living with her family in extremely overcrowded and substandard conditions. The family home consisted of only three rooms in which seven adults resided, including Marilyn's mother and father, her grandfather, an uncle, a cousin and two brothers.

Marilyn was in Grade 7 when she became pregnant. She continued to attend classes throughout her pregnancy and had completed the grade before her child was born.

The baby's father was single and only 17 years old at the time of the child's birth. He and Marilyn had known one another for more than a year prior to the pregnancy. Although Marilyn had not wanted to get pregnant, she said that once it happened she thought that having a child might be a way of keeping the baby's father from leaving her.

After the birth, Marilyn and her baby went to live with her sister. Her sister's home was chosen instead of her parents', because the latter was unfit for a child—the roof leaked and it was poorly heated. While Marilyn was with her sister she started back to school taking Grade 8.

At the time of our first contact with Marilyn, she had left her sister's home and moved back with her parents. Her sister had offered to look after the baby so, at this time, Marilyn had no responsibility for the child. But her plans for the future were extremely unrealistic. She indicated that she intended to quit school, move in with some friends and find a job. At 14, with very little education, no job training, and no money this seemed a very shaky plan. In the interviewer's estimation it was *"a very disturbing and depressing situation"*. Describing the house where Marilyn lived with her family, the interviewer said, *"(it) was so bad that it took me a few minutes to decide whether or not the house was deserted or on the brink of destruction"*.

At this time, Marilyn was being supported entirely by her parents. She indicated that she intended to apply for Family Benefits and that she wanted to support herself and the baby in that manner but, like one of the previous 14 year-olds, she was unaware that this was only available to unmarried mothers 16 years of age or more. The baby's father was providing no support although he and Marilyn were still seeing one another after the baby was born and Marilyn hoped to marry him in the future.

Because of the desperate housing and financial situation and because of Marilyn's youth and immaturity, our interviewer felt that this girl was not capable of caring for her baby. In fact, Marilyn never did regain custody of her child. Marilyn and her boy-friend evidently were known in their community to be using drugs and alcohol to a considerable extent. Marilyn's sister apparently did not want to raise the child and, since Marilyn was deemed to be an unfit mother, a social service agency intervened and apprehended the child. By the third interview at eighteen months the baby had been adopted.

During the study period, Marilyn had spent some time in the Nova Scotia School for Girls because of truancy. She had been pregnant a second time but had had a spontaneous abortion. At our last interview she and the baby's father were living with her family and Marilyn was attending Grade 9.

In spite of the fact that Marilyn's baby had been adopted, she seemed to be unaware of the finality of such an action and expressed hope that she might eventually get her child back. Both Marilyn and her family felt that because she had not consented to the adoption, the proceedings must be illegal.

Beverly

Beverly gave birth to her child when she was 17 years old. Prior to the birth and pregnancy, Beverly was living with her parents, a grandparent and two siblings. She had been attending Grade 11 but when she learned that she was pregnant she dropped out of school to await her baby's birth.

The baby's father was a 19 year-old single man. He and Beverly had known each other for less than six months before she became pregnant. She apparently had not wanted to marry him after she discovered she was pregnant since he was not working and was in trouble with the police. He was not involved in the decision about the baby at all and, by the time of our first contact with Beverly, she was no longer seeing him. He was not providing any financial assistance and Beverly expressed a definite dislike for him.

Beverly indicated that she had not wanted to be pregnant. She had never used birth control or discussed it with anyone and, in her own estimation, had not known how to prevent a pregnancy. Why did she get pregnant? In her words: *"I didn't plan on having sex . . . It just happened . . . If I thought I was going to do anything I might have gotten the pill."*

In spite of the fact that the pregnancy had been unwanted, Beverly decided to keep and raise her child herself immediately after she discovered she was pregnant. Abortion or adoption were not considered at any time. Beverly's mother left the decision to her, indicating that she would support Beverly's decision whatever it was.

After the baby was born, Beverly moved back to her parents' home. At this time they were supporting Beverly and her baby entirely although their financial situation was not good and Beverly felt guilty about the extra burden which the new baby had created.

In the first few months following the child's birth, Beverly's feelings about parenthood and its responsibilities underwent a major change.

Although she had thought this was what she wanted, she soon found that she was not ready to become a parent. At about the time Beverly's baby was four months old, arrangements were begun for her parents to adopt the baby and by ten months, the adoption had been finalized. Beverly felt that her child would benefit more from two parents than one and seemed very grateful to her parents for accepting the responsibility of raising her child and for showing so much love and affection toward him.

During the eighteen months in which our study was carried out, Beverly had completed a job-training course and at our last contact with her she was making plans for a job and more social activities.

Carole

Carole was only 17 years old when her baby was born. She had been attending Grade 11 when she discovered she was pregnant and had been living at home with her mother, stepfather and five brothers and sisters. Carole's mother and natural father were divorced when she was quite young and for the majority of Carole's first sixteen years, she had been raised by her mother and stepfather. After Carole learned she was pregnant, she withdrew from school to await her baby's birth.

Carole, like most of the other mothers who gave their baby up for adoption, had not wanted to be pregnant. She had never used birth control and, although she had talked about contraception with her mother, a doctor and her friends, she still felt she had not known enough about preventing pregnancies at that time. She said she had been scared to ask her doctor for birth control as she thought it would cause her mother to be too disappointed in her.

The father of Carole's baby was a 21 year-old single man whom she had known for more than two years prior to the pregnancy. When he learned of Carole's condition he immediately broke off their relationship. At our first interview with Carole, she was no longer seeing him and indicated that she did not care about him one way or the other. Over the next nine months, however, he apparently made a number of efforts to see their child but, because he had left Carole during her pregnancy and would not provide any financial support, Carole would not allow him to see the baby. Her attitude towards him had changed from indifference to dislike by the time of our second contact.

Carole had not immediately decided to keep her child. At first, she had talked about the possibility of adoption with her parents. But about the time she was three months pregnant, she made up her mind that she would keep and raise her baby herself. Her parents were very supportive of this and Carole considered that the decision had really been a joint one made between her parents and herself. Carole's mother had actually wanted to adopt the child herself but, when Carole expressed a wish to raise the child, her parents offered their support.

Although Carole wanted very much to be the mother of her own child, over the next ten months or so she experienced a great many problems. The baby developed a quite serious skin ailment very soon after it was born, making it quite irritable and hard to manage. As a result, at the end of three months Carole was experiencing a great deal of emotional strain. Her doctor recommended that she get away from the responsibility of caring for the child, so for the next four months Carole lived on her own in a boarding house. Throughout this period Carole worked in a job and, gradually, over the four months developed confidence in her ability to look after her child once again.

When she returned to her family's home, her child was approximately seven months old. It still suffered from the skin ailment and, because there were extra medical expenses, Carole found another job in order to help support the child. Her mother continued to look after the baby while Carole was at work and Carole took over after she got home.

However, the difficulties of coping with an irritable and somewhat ill child began to affect her once again. As well, Carole was beginning to feel quite bothered about being tied down. She explained that, "*my friends were all going to parties and I was getting depressed . . . it bothered me a lot.*" She also worried about how she would manage to support herself and the child if they ever moved from her parents' home.

Finally, when her baby was about eleven months old, Carole asked her parents if they would adopt the child. Before her parents agreed, they insisted that Carole make absolutely sure that that was what she wanted. Once Carole assured them it was, adoption procedures were begun.

Both Carole and her family were pleased about the solution. Although Carole had found it difficult to watch her parents take over the role of mother and father to her baby, she was comforted by the fact that they were quite devoted to the child and would give it a great deal of love and affection.

Joyce

Although Joyce was still the legal guardian of her child at our last contact with her, definite plans had been made to have the maternal grandparents adopt the baby. For this reason, we have included a discussion of Joyce's situation with the mothers who had already placed their children for adoption during the study period.

Joyce was 16 years old when her baby was born. Unlike the other mothers who eventually gave their children up for adoption or had custody taken from them, Joyce had not cared whether she got pregnant or not. In fact, it seems to have been quite deliberate. Prior to the pregnancy, Joyce had been attending Grade 9 but quit a couple of months before she got pregnant. She worked in a menial job for the next two months but was very unhappy. In Joyce's words, *"I hated the job and my pregnancy gave me an excuse to quit."* She had never used birth control prior to her pregnancy and had never discussed it with anyone. She stated emphatically that had she been given birth control at that time she would not have used it.

Once Joyce became pregnant, there apparently was no hestitation in her plans to keep and raise the child herself. Her decision was supported by her mother, her father and by the baby's father. Joyce said that there had been *"nothing whatsoever"* that had made her think she should give up her child.

Although Joyce's parents and the baby's father had been involved in the decision about the baby, it was the baby's father who apparently had the most influence. He was a young single man—only 17 years of age when the child was born. Joyce had wanted to marry him during her pregnancy but eventually decided against it, *"because he used to fool around on me and beat on me so I finally stood up for myself."*

Joyce's initial adjustment to becoming a parent seemed quite favourable. She was proud of her son and liked to show him off. She felt that as a young mother she would have a distinct advantage. In her words: *"I can grow up with my baby and understand him better because there won't be too much age difference."*

Her life during the first nine months after the baby was born was very unstable, however, and the strains of being a parent at such a young age eventually became too great. Joyce had moved in with her parents after the baby was born but that arrangement lasted only a short time. She and the baby's father had patched up their relationship and after only two weeks with her parents, Joyce and the baby left to live in an apartment with the baby's father and another couple. But this arrangement did not last, either. Joyce explained that, *"he began fooling around and I kicked him out."* Since she could no longer pay her share of the expenses, she moved back with her parents.

By the time the child was seven months old, Joyce had begun to feel very tied down by the responsibilities of parenting. She explained: *"I was tired of being a mother . . . getting up early in the morning . . . not getting sleep at night . . . I just wanted out."* As well, she had a new boy-friend and felt she couldn't see him and her friends as often as she wanted since her parents were insisting that she accept the responsibility of caring for the child. In the end, according to Joyce, *"I just walked out."*

At the second interview, Joyce was living in an apartment with her new boy-friend and two other friends while her baby was being cared for by her parents in their home. Yet, in spite of her obvious frustration with parenting, Joyce was planning to resume that role in the future. She and her boy-friend were going to find an apartment for the three of them; Joyce would work during the day and pay a babysitter to look after the baby, and with her and her boy-friend both working, Joyce felt there would be plenty of money to pay babysitters in the evening whenever they wanted to go out.

This plan did not materialize, however. From the apartment, Joyce and her boy-friend moved in with his mother. After a time, the relationship between her and her new boy-friend deteriorated. At our final contact with Joyce, she was living with her parents once again.

At this point, Joyce was only occasionally looking after her child. She would babysit for an hour or two when she was asked, but she had ceased to think of the child as her responsibility. In the interviewer's words, *"Joyce, it seems, fully realizes her inability to care for her son . . . she does not want the full responsibility and admits this quite freely."*

According to Joyce, taking over the care of her baby had been very acceptable to her parents. She personally felt relieved that they had taken the baby as they could give him a much better life than she could. At the last contact with Joyce, she was looking forward to finding a job and having more freedom to take part in social activities.

REFERENCES

Ayoub, C.C. and D.R. Pfeifer. "The prophylaxis of child abuse and neglect - an approach." *Child Abuse and Neglect*, 1, (1977), p. 71-75.

Bacon, L. "Early motherhood, accelerated role transition, and social pathologies." *Social Forces*, 52, (1974), p. 333-341.

Bender, B. "Self-chosen victims: Scapegoating behaviour sequential to battering." *Child Welfare*, 55, No. 6 (1976), p. 417-422.

Bennie, E. and A. Sclare. "The battered child syndrome." *American Journal of Psychiatry*, 125, No. 7 (1969), p. 975-979.

Bernstein, R. "Are we still stereotyping the unmarried mother?" In R.W. Roberts (Ed.), *The Unwed Mother*. New York: Harper and Row, 1966.

Bleiberg, N., H. Jacobziner, H. Rich and R. Merchant. "Young unmarried mothers in child health stations of two New York City districts." *American Journal of Public Health*, 52, No. 12 (1962), p. 2030 -2040.

Blumberg, M.L. "Psychopathology of the abusing parent." *American Psychotherapy*, 28, (1974), p. 21-29.

Bowerman, E. "White and Negro unwed mothers: Postnatal marital history and the disposition of the child." *Research Previews*, 13, No. 2 (1966), p. 25-38.

Bramall, M.E. "Unmarried parents: Indications for social policy." In *New Thinking for Changing Needs*. Association of Social Workers, 1963.

Bronfenbrenner, V. "Development research, public policy, and the ecology of childhood." *Child Development*, 45, (1974), p. 1-5.

Bronfenbrenner, V. "The origins of alienation." *Scientific American*, 231, No. 2 (1974), p. 53-61.

Campbell, A.A. "The role of family planning in the reduction of poverty." *Journal of Marriage and the Family*, 30, No. 2 (1968), p. 236-245.

Clapp, D.F., and R.S. Raab. "Follow-up of unmarried adolescent mothers." *Social Work*, 23, (1978), p. 149-153.

Connolly, L. "Little mothers." *Human Behavior*, June (1975), p. 17-23.

Cooper, C. "The illegitimate child." *Practitioner*, 174, (1955), p. 488-493.

Corey, E., C.L. Miller and F.W. Widlak. "Factors contributing to child abuse." *Nursing Research*, 24, No. 4 (1975), p. 293-295.

Corrigan, E. "The child at home: Child-rearing practices of the unwed mother compared to other mothers." In *Illegitimacy: Changing Services for Changing Times*. New York: National Council on Illegitimacy, 1970.

Crellin, E., M.L.K. Pringle and P. West. *Born Illegitimate: Social and Educational Implications*. London: National Foundation for Educational Research in England and Wales, 1971.

Crumidy, P.M., and H. Jacobziner. "A study of young unmarried mothers who kept their babies." *American Journal of Public Health*, 56, No. 8 (1966), p. 1242-1251.

Cutright, P. "Timing the first birth: Does it matter?" *Journal of Marriage and the Family*, 35, No. 4 (1973), p. 585-595.

Dickens, H.O. "One hundred pregnant adolescents: Treatment approaches in a university hospital." *American Journal of Public Health*, 63, No. 9 (1973), p. 794-800.

Douglas, J.W.B. "Premature children at primary schools." *British Medical Journal*, 1, (1960), p. 1008-1013.

Douglas, J.W.B. and J.M. Blomfield. *Children Under Five*. London: Allen and Unwin, 1958.

Drillien, C.M. *The Growth and Development of the Prematurely Born Infant*. London: Livingstone, 1964.

Festinger, T.B. "Unwed mothers and their decisions to keep or surrender children." *Child Welfare*, L, No. 5 (1971), p. 253.

Friedman, H.L. "Why are they keeping their babies?" *Social Work*, 20, No. 4 (1975), p. 322-323.

Furstenburg, F.F. *Unplanned Parenthood: The Social Consequences of Teenage Childbearing*. New York: The Free Press, 1976.

Galdston, R. "Observations on children who have been physically abused and their parents." *American Journal of Psychiatry*, 122, (1965), p. 440-443.

Garbarino, J. "A preliminary study of some ecological correlates of child abuse: The impact of socio-economic stress on mothers." *Child Development*, 47, No. 1 (1976), p. 178-185.

Gelles, R.J. "Child abuse as psychopathology: A sociological critique and reformulation." *American Journal of Orthopsychology*, 43, No. 4 (1973), p. 611-621.

Gil, D.G. "Unraveling child abuse." *American Journal of Orthopsychiatry*, 45, No. 3 (1975), p. 346-356.

Gil, D.G. *Violence Against Children: Physical Child Abuse in the United States*, Cambridge, Mass.: Harvard University Press, 1970.

Green, A.H., R.W. Gaines and A. Sandgrund. "Child abuse: Pathological syndrome of family integration." *American Journal of Psychiatry*, 131, No. 8 (1974), p. 882-886.

Grow, L.J. "The unwed mother who keeps her child." in *Double Jeopardy - The Triple Crises: Illegitimacy Today*. New York: National Council of Illegitimacy, (1969), p. 115-126.

Grow, L.J. *Early Childbearing By Young Mothers: A Research Study*. New York: Child Welfare League of America, Inc. 1979.

Issacs, S. "Neglect, cruelty and battering." *British Medical Journal*, 3, (1972), p. 224-226.

Kempe, C., F. Silverman; B. Steele; W. Droegemueller and H. Silver. "The battered child syndrome." *Journal of the American Medical Association*, 181, (1962), p. 17-24.

Kravitz, H., B. Trossman and R.B. Feldman. "Unwed mothers: Practical and theoretical considerations." *Canadian Psychiatric Association Journal*, 11, No. 6 (1966), p. 456-464.

Levy, D. "A follow-up study of unmarried mothers." *Social Casework*, XXXVI, No. 1 (1955), p. 27-32.

Melnick, B. and J.R. Hurley. "Distinctive personality attributes of child-abusing mothers." *Journal of Consulting Clinical Psychology*, 33, (1969), p. 746-749.

Methuen, M.M. *Discussion of Illegitimacy*. London: Annual Report of the National Council for the Unmarried Mother and her Child, 1947.

Nettleton, C.A. and D.W. Cline. "Dating patterns, sexual relationships and use of contraceptives of 700 unwed mothers during a two-year period following delivery." *Adolescence*, 37, (1975), p. 45-57.

Osofsky, H.J. and J.D. Osofsky. "Adolescent as mothers. Results of a program for low-income pregnant teenagers with some emphasis upon infants' development." *American Journal of Orthopsychiatry*, 40, No. 5 (1970), p. 825-834.

Paavola, A. "The illegitimacy rate and factors influencing pregnancy and delivery of unmarried mothers." *Acta Obstetrica Et Gynecologica Scandinavia*, 47, No. 3 (1968), p. 7-98.

Pakter, J. et al. "Out-of-wedlock births in New York City, medical aspects." *American Journal of Public Health*, 6, (1961), p. 846-865.

Paulson, M.J. et al. "Parents of the battered child: A multidisciplinary group therapy approach to life-threatening behavior." *Life Threatening Behavior*, 4, No. 1 (1974), p. 18-31.

Pochin, J. *Without A Wedding Ring*. London: Anchor Press, 1969.

Pozsonyi, J. *A Longitudinal Study of the Unmarried Mother and Her Child: How They Fare in the Community*. London, Ontario: Family and Children's Services of London and Middlesex, 1973.

Reed, E.F. "Unmarried mothers who kept their babies." *Children*, 12, No. 3 (1965), p. 118-119.

Sauber, M. and E.M. Corrigan. *The Six-Year Experience of Unwed Mothers as Parents*. New York, N.Y.: Community Council of Greater New York, 1970.

Sauber, M. and E. Rubinstein. *Experiences of the Unwed Mother as a Parent*. New York, N.Y.: Community Council of Greater New York, 1965.

Shanmugan, N. and C. Wood. "Unwed mothers: A study of 100 girls in Melbourne, Victoria." *The Australian and New Zealand Journal of Sociology*, 6, No. 1 (1970), p. 51-55.

Solomon, T. "History and demography of child abuse." *Pediatrics*, 1, (1973), p. 773-776.

Spinetta, J. and D. Rigler. "The child-abusing parent: A psychological review." *Psychological Bulletin*, 77, (1972), p. 296-304.

Steele, B.F. and C.B. Pollock. "A psychiatric study of parents who abuse infants and small children." In *The Battered Child*. Chicago: University of Chicago Press, 1968.

Tuttle, E. "Serving the unmarried mother who keeps her child." *Social Casework*, 43, No. 8 (1962), p. 415-422.

Vincent, C.E. "Teenage unwed mothers in American society." *Journal of Social Issues*, 22, No. 2 (1966), p. 22-23.

Vincent, C.E. *Unmarried Mothers*. New York: The Free Press of Glencoe, 1961.

Wiener, G., et al. "Correlates of low birthweight: Psychological status at six and seven years of age." *Pediatrics*, 35, (1965), p. 434-444.

Wilson, J. and B. Smith. "They keep their babies: A follow-up study of 38 unmarried mothers 15 months after confinement." *Australian Social Work*, 27, No. 2 (1974), p. 15-20.

Wimperis, V. *The Unmarried Mother and her Child*. London: George Allen and Unwin Ltd., 1960.

Wright, H.R. *80 Unmarried Mothers Who Kept Their Babies*. State of California Department of Social Welfare, and Children's Home Society of California, Los Angeles County Bureau of Adoptions, 1965.

Yelloly, M.A. "Factors relating to an adoption decision by the mothers of illegitimate infants." *Sociological Review*, XIII, No. 1 (1965), p. 5-14.

Young, L.R. *Out of Wedlock, A Study of the Problems of the Unmarried Mother and Her Child*. New York: McGraw-Hill, 1954.

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